


MAILING ADDRESS: STATE OF UTAH DEPARTMENT OF HUMAN SERVICES BUREAU OF CONTRACT MANAGEMENT 120 NORTH 200 WEST RM 213 SALT LAKE CITY, UTAH 84103 TELEPHONE (801) 538-4384 HAND DELIVERY ADDRESS: STATE OF UTAH DEPARTMENT OF HUMAN SERVICES ATTN: PURCHASING AGENT FIRST FLOOR INFORMATION DESK 120 NORTH 200 WEST SALT LAKE CITY, UTAH 84103	COVERSHEET Request for Statements of Interest & Qualifications (SOIQ) 	Solicitation (SOIQ) #: DHS40335 Publication Date: FEB. 1, 2006 INITIAL SUBMISSION DATE:	TUESDAY, FEB. 21, 2006 AT 3:00 P.M.
--	---	--	--

The following information is included in this solicitation: General Information, Service Requirements and Expectations, SOIQ Requirements, Evaluation Criteria, and various Attachments. **Please review all information and documents carefully, including this Coversheet (both front and back), BEFORE preparing your SOIQ.**

COMPLETE, SIGN, AND RETURN THIS ORIGINAL COVERSHEET WITH OFFEROR'S SOIQ. Please read the backside of the coversheet before signing the front! (If completed by hand, please print except where a signature is required.)

Offeror's Business Name (Please provide full legal name including dba when appropriate)		Federal Tax Identification Number	
Street and Mailing Address of Offeror's Business Office	City	State	Zip Code
Billing Address for Contract Payments Should a Contract be Awarded	City	State	Zip Code
Business Telephone Number (including area code)	Name and Title of Contact Person		
E-mail Address	Contact Person's Telephone Number (including area code)		
Organization Type (check one): <input type="checkbox"/> Individual <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Limited Liability Corporation: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency	Name of Person Authorized to Represent Offeror in any Negotiations and to Sign any Contract Awarded		
	Title of Authorized Representative		
	Authorized Representative's Telephone Number (including area code)		

Circle each of the services identified below for which Offeror is applying:

**BC1 BC2 BC3 CHA CLS COM DSG DSI DSW ELS HHS HSQ MTP PAC PBA PM1 PM2 PPS RHI RHS
RP2 RP3 RP4 RP5 RPS SEC SED SEE SEI SLH SLN TFA TFB**

Signature of Offeror's Authorized Representative <hr/> (Please sign in colored [not black] ink!)	Date <hr/>
---	--------------------------

STATEMENT OF INTEREST AND QUALIFICATIONS (SOIQ) - INSTRUCTIONS AND GENERAL PROVISIONS

1. SOIQ PREPARATION: (a) All prices and notations must be in ink or typewritten. (b) Price each item separately. Unit price shall be shown and a total price shall be entered for each item bid. (c) Unit price will govern, if there is an error in the extension. (d) Delivery time of services and products as proposed is critical and must be adhered to. (e) All products are to be of new, unused condition, unless otherwise requested in this solicitation. (f) Incomplete SOIQs may be rejected. (g) This SOIQ may not be withdrawn for a period of 60 days from the due date. (h) Where applicable, all SOIQs must include complete manufacturer's descriptive literature. (i) By signing the SOIQ the offeror certifies that all of the information provided is accurate, that they are willing and able to furnish the item(s) specified, and that prices offered are correct.

2. SUBMITTING THE SOIQ: (a) The SOIQ must be signed in ink, sealed, and delivered to the DEPARTMENT OF HUMAN SERVICES, BUREAU OF CONTRACT MANAGEMENT, 120 North 200 West, Room 213, Salt Lake City, UT 84103. Hand-delivered SOIQs shall be left at the Department of Human Services (DHS), First Floor Information Desk at the above-stated address. **The "Solicitation Number" and "Due Date" must appear on the outside of the envelope.** (b) SOIQs, modifications, or corrections received after the closing time on the "Due Date" will be considered late and handled in accordance with the Utah Procurement Rules, section 3-209. (c) **Your SOIQ will be considered only if it is submitted on the forms provided by the state. Facsimile transmission of SOIQs to DIVISION will not be considered.** (d) All prices quoted must be both F.O.B. Origin per paragraph 1.(c) and F.O.B. Destination. Additional charges including but not limited to delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose must be included in the SOIQ for consideration and approval by the Division of Purchasing & General Services (DIVISION). Upon award of the contract, the shipping terms will be F.O.B. Destination with all transportation and handling charges paid by the Contractor, unless otherwise specified by the DIVISION. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose will be paid by the state unless specifically included in the SOIQ and accepted by DIVISION. (e) By signing the SOIQ the offeror certifies that all of the information provided is accurate and that he/she offers to furnish materials/services for purchase in strict accordance with the requirements of this SOIQ including all terms and conditions.

3. SOLICITATION AMENDMENTS: All changes to this solicitation will be made through written addendum only. Bidders are cautioned not to consider verbal modifications.

4. PROPRIETARY INFORMATION: Suppliers are required to mark any specific information contained in their bid which is not to be disclosed to the public or used for purposes other than the evaluation of the bid. Each request for non-disclosure must be accompanied by a specific justification explaining why the information is to be protected. Pricing and service elements of any SOIQ will not be considered proprietary. All material becomes the property of the state and may be returned only at the state's option. SOIQs submitted may be reviewed and evaluated by any persons at the discretion of the state.

5. BEST AND FINAL OFFERS: Discussions may be conducted with offerors who submit SOIQs determined to be reasonably susceptible of being selected for award for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements. Prior to award, these offerors may be asked to submit best and final offers. In conducting discussions, there shall be no disclosure of any information derived from SOIQs submitted by a competing offeror.

6. DHS APPROVAL: Contracts written with the State of Utah, as a result of this SOIQ, will not be legally binding without the written approval of either State Procurement or the DHS Purchasing Agent.

7. AWARD OF CONTRACT: (a) The contract will be awarded with reasonable promptness, by written notice, to the responsible offeror whose SOIQ is determined to be the most advantageous to the state, taking into consideration price and evaluation factors set forth in the RFP. No other factors or criteria will be used in the evaluation. The contract file shall contain the basis on which the award is made. Refer to Utah Code Annotated 65-56-408. (b) The DIVISION can reject any and all SOIQs. And it can waive any informality, or technicality in any SOIQ received, if the DIVISION believes it would serve the best interests of the state. (c) Before, or after, the award of a contract the DIVISION has the right to inspect the offeror's premises and all business records to determine the offeror's ability to meet contract requirements. (d) The DIVISION will open SOIQs publicly, identifying only the names of the offerors. SOIQs and modifications shall be time stamped upon receipt and held in a secure place until the due date. After the due date, a **register** of SOIQs shall be established. The **register** shall be open to public inspection, but the SOIQs will be seen only by authorized DIVISION staff and those selected by DIVISION to evaluate the SOIQs. The register and contract awards are posted under "Vendor Info" at www.purchasing.utah.gov. The SOIQ(s) of the successful offeror(s) shall be open for public inspection for 90 days after the award of the contract(s). (e) Utah has a reciprocal preference law which will be applied against bidders bidding products or services produced in states which discriminate against Utah products. For details see Section 63-56-404 and 63-56-405, Utah Code Annotated. (f) Multiple contracts may be awarded if the State determines it would be in its best interest.

8. ANTI-DISCRIMINATION ACT: The offeror agrees to abide by the provisions of the Utah Anti-discrimination Act, Title 34 Chapter 35, U.C.A. 1953, as amended, and Title VI and Title VII of the Civil Rights Act of 1964 (42 USC 2000e), which prohibit discrimination against any employee or applicant for employment, or any applicant or recipient of services, on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No. 11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age, and Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990, which prohibits discrimination on the basis of disabilities. Also offeror agrees to abide by Utah's Executive Order, dated March 17, 1993, which prohibits sexual harassment in the workplace. Vendor must include this provision in every subcontract or purchase order relating to purchases by the State of Utah to insure that the subcontractors and vendors are bound by this provision.

9. WARRANTY: The contractor agrees to warrant and assume responsibility for all products (including hardware, firmware, and/or software products) that it licenses, contracts, or sells to the State of Utah under this contract for a period of one year, unless otherwise specified and mutually agreed upon elsewhere in this contract. The contractor (seller) acknowledges that all warranties granted to the buyer by the Uniform Commercial Code of the State of Utah applies to this contract. Product liability disclaimers and/or warranty disclaimers from the seller are not applicable to this contract unless otherwise specified and mutually agreed upon elsewhere in this contract. In general, the contractor warrants that: (1) the product will do what the salesperson said it would do, (2) the product will live up to all specific claims that the manufacturer makes in their advertisements, (3) the product will be suitable for the ordinary purposes for which such product is used, (4) the product will be suitable for any special purposes that the State has relied on the contractor's skill or judgement to consider when it advised the State about the product, (5) the product has been properly designed and manufactured, and (6) the product is free of significant defects or unusual problems about which the State has not been warned. Remedies available to the State include the following: The contractor will repair or replace (at no charge to the State) the product whose nonconformance is discovered and made known to the contractor in writing. If the repaired and/or replaced product proves to be inadequate, or fails of its essential purpose, the contractor will refund the full amount of any payments that have been made. Nothing in this warranty will be construed to limit any rights or remedies the State of Utah may otherwise have under this contract.

10. DEBARMENT: The CONTRACTOR certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the CONTRACTOR cannot certify this statement, attach a written explanation for review by the STATE.

11. GOVERNING LAWS AND REGULATIONS: All State purchases are subject to the Utah Procurement Code, Title 63, Chapter 56 Utah Code Annotated 1953, as amended, and the Procurement Rules as adopted by the Utah State Procurement Policy Board (Utah Administrative Code Section R33). These are available on the Internet at www.purchasing.utah.gov.

(Revision 12 Jan 2006 - RFP Instructions)

REQUEST FOR STATEMENTS OF INTEREST AND QUALIFICATIONS

UTAH STATE DEPARTMENT OF HUMAN SERVICES *Division of Services for People with Disabilities*

DHS SOIQ # DHS40335

I. PURPOSE

This document is a Request for Statements of Interest and Qualifications (REQUEST) issued on behalf of the Utah State Department of Human Services, Division of Services for People with Disabilities (DHS/DSPD or Requesting Agency). The purpose of this REQUEST is to enter into a contract with all qualified Offerors who are interested in providing services to people with mental retardation and related conditions (MR.RC) and/or acquired brain injury (ABI). This REQUEST replaces RFP #40296 which is now closed. *(Contractors with contracts awarded under RFP #40296 who wish to continue providing services **must respond to this REQUEST** because contracts awarded under this REQUEST will supersede all contracts awarded under the RFP.)* The services offered under this REQUEST include the following (a complete description of each service identified below is included in Attachment A):

BC1, BC2, BC3, CHA, CLS, COM, DSG, DSI, DSW, ELS, HHS, HSQ, MTP, PAC, PBA, PM1, PM2, PPS, RHI, RHS, RP2, RP3, RP4, RP5, RPS, SEC, SED, SEE, SEI, SLH, SLN, TFA, TFB.

Offerors submitting a Statement of Interest and Qualifications (SOIQ) must specify the services for which they wish to be considered. Offerors may choose to be considered for any number of the identified services. However, Offerors should request consideration only for the services they have the capacity to provide at the time of submission of their SOIQ.

II. GENERAL INFORMATION

A. ISSUING OFFICE AND SOIQ REFERENCE NUMBER

The Department of Human Services (DHS), Bureau of Contract Management (BCM) is the Issuing Office for this REQUEST and all related addenda. The reference number for the REQUEST (as identified above) must be referred to on all SOIQs, as well as all correspondence and documentation relating to the same.

B. CONTACT PERSON

Questions regarding the services identified in this REQUEST may be addressed to: Teena Scholte at 801-538-4140. Questions regarding the SOIQ process may be addressed to Rosemary Frenchwood at 801-538-4384.

C. ELIGIBILITY

SOIQs may be submitted by both qualified individuals and public or private nonprofit or for-profit organizations.

D. CONTRACT PERIOD

Contracts awarded pursuant to this REQUEST may have varying effective dates but will terminate no later than **June 30, 2010**.

E. SUBMISSION OF SOIQ

SOIQs will be accepted up to six months prior to the expiration date of this REQUEST unless modified by the Requesting Agency. However, Offerors desiring a contract commencing the first possible effective date shall submit four identical hard copies (including one original) of their SOIQ to the location below on or before the initial submission date stated below. **Faxed SOIQs will not be accepted.**

Mailing Address:

Department of Human Services
Bureau of Contract Management
Attention: Rosemary Frenchwood, Purchasing Agent
120 North 200 West, Room #213
Salt Lake City, UT 84103

Hand-Delivery Address:

Department of Human Services
Attention: Rosemary Frenchwood, Purchasing Agent
First Floor Information Desk
120 North 200 West
Salt Lake City, Utah

Any costs incurred in the preparation and submission of SOIQs and/or amendments to the same pursuant to this REQUEST are the responsibility of the Offeror and will not be reimbursed. In addition, all materials submitted become the property of the State of Utah and will not be returned.

F. AMENDMENTS TO SOIQ

Amendments to SOIQs, including amendments to add new services to contracts previously awarded under this REQUEST, will be accepted at any time during the time the REQUEST is open. Amendments shall be submitted to the Purchasing Agent, Rosemary Frenchwood, at the above address.

G. SOIQ EXPIRATION DATE AND INITIAL SUBMISSION DATE

This REQUEST will expire on June 30, 2010 unless rescinded earlier at the discretion of the Requesting Agency. SOIQs will be accepted for review and consideration for a contract until **December 31, 2009** unless modified by the Requesting Agency.

The initial submission date for SOIQs is February 21, 2006. Offerors seeking early review of their SOIQs must submit them on or before **3:00 p.m. Mountain Standard Time** on this date. SOIQs received after the initial submission date stated above will be reviewed weekly through March 31, 2006 and quarterly thereafter.

H. REGISTRATION OF SOIQ

The Issuing Office will open and register all SOIQs received. The names of registered Offerors are public information.

I. EVALUATION OF SOIQ

All registered SOIQs shall be reviewed by the Requesting Agency. SOIQs shall be evaluated against the criteria stated in this REQUEST. SOIQs will be reviewed following the initial submission date and thereafter as stated in paragraph G above.

J. AWARD AND SERVICE SELECTION

1. The award of contracts pursuant to this REQUEST will be made in accordance with the stated evaluation criteria. As noted above, contracts awarded under this REQUEST will supersede any existing contracts awarded under RFP #40296.
2. **The award of a contract under this REQUEST is not a guarantee that the Offeror will be requested to provide any services.** DHS/DSPD clients have the right to choose the service providers they will use. The names of all successful Offerors and the services they provide will be provided to clients for selection purposes.

K. STANDARD CONTRACT TERMS AND CONDITIONS

All contracts resulting from this SOIQ will be prepared using the DHS Service Contract format. A copy of the DHS Service Contract boilerplate may be viewed at:

http://www.hsofo.utah.gov/services_contract_forms.htm

The State of Utah and DHS reserve the right to make changes to the DHS Service Contract at any time prior to the time a contract is executed with an Offeror. Contracts are subject to the approval of the DHS

Purchasing Agent and are not binding on the Offeror until such approval is obtained. Upon contract approval the Offeror will be referred to as "Contractor".

L. PROPRIETARY INFORMATION

The SOIQs of successful Offerors are public information. This means that any individual or entity desiring to do so may review the SOIQs, except for proprietary information as allowed by the Government Records Access and Management Act (GRAMA), Utah Code §§ 63-2-304 and 63-2-308. Proprietary information contained in an SOIQ can be protected under limited circumstances (the pricing and service elements of a SOIQ are not considered proprietary and must not be designated as such). Any specific proprietary information contained in an Offeror's SOIQ that the Offeror wants protected must be clearly identified and highlighted in the body of the original SOIQ. In addition, Offerors must submit a justification statement explaining why the highlighted information is protected. It is unacceptable to designate an entire SOIQ as proprietary! SOIQs not identifying any proprietary information will be released in their entirety.

M. RESERVATION OF RIGHTS

The Requesting Agency reserves the right to reject any and all SOIQs received or to withdraw this REQUEST at any time. Furthermore, if only one SOIQ is received in response to this REQUEST, the Requesting Agency may ask the issuing office to either make an award or re-solicit for the purpose of obtaining additional SOIQs.

N. PRE-SUBMISSION CONFERENCE

A pre-submission conference to explain the requirements of the REQUEST shall be held as follows:

DATE	TIME	PLACE	ROOM NUMBER
Feb. 9, 2006	2:00 p.m. to 4:00 p.m. Mountain Standard Time	The Center for the Deaf & Hard of Hearing 5709 South 1500 West Salt Lake City, Utah	Auditorium

Please bring your copy of the REQUEST to the meeting, as additional copies will be limited.

Nothing stated at the pre-submission conference shall change the requirements of the SOIQ unless the change is made by written amendment as provided in State procurement rules. Attendance at the pre-submission conference is at the discretion of the Offeror.

III. SCOPE OF WORK

A description of the basic service requirements and expectations successful Offerors will be expected to meet when providing each of the services included in this REQUEST is provided in Attachment A. The rate(s) for each service is identified in Attachment B, Service and Rate Table.

IV. SOIQ INSTRUCTIONS AND REQUIREMENTS

- A. To facilitate expeditious reviews, Offerors are encouraged to organize their SOIQs in the order outlined below.
- B. SOIQs shall include the following information:
 1. A **completed and signed** SOIQ Coversheet.
 2. If Offeror's SOIQ contains any proprietary information, a justification statement stating why the designated information is proprietary and identifying where it is located in Offeror's SOIQ. **The specific information claimed to be proprietary must be highlighted in its entirety.** (This item will not be evaluated).
 3. A copy of the Offeror's current business license.

4. A current organizational chart that identifies all supervisory relationships in Offeror's organization and the names and titles of all key personnel.
5. Copies of the resumes of the key personnel identified in Offeror's organizational chart together with copies of any professional licenses, certifications, or other credentials held by those individuals that are required for providing any of the services requested by the Offeror.
6. Documentation evidencing the Offeror's status as an approved Medicaid provider **OR** a statement certifying Offeror will become and will submit documentation of its status as an approved Medicaid provider prior to execution of any contract awarded.
7. A **completed and signed** Conflict of Interest Disclosure Statement. Offerors shall complete and submit a Conflict of Interest Disclosure Statement for all parties and employees who may have a potential conflict of interest should a contract be awarded. The Conflict of Interest Disclosure Statement may be downloaded and printed from the following website:

http://www.hsofo.utah.gov/services_contract_forms.htm

Offerors who are government entities may complete and submit either a Conflict of Interest Disclosure Statement or a Conflict of Interest Certification. A Conflict of Interest Certification may also be downloaded and printed from the above website.

8. Documentation evidencing the Offeror's compliance with the insurance requirements outlined in the DHS Service Contract, Part I, Section B, paragraph 2 for the type of services the Offeror is interested in providing **OR** a statement certifying it will comply with all of the applicable insurance requirements of the DHS Service Contract if awarded a contract and will produce evidence documenting its compliance prior to the execution of any contract awarded.
 9. A statement certifying either **1)** that Offeror has all of the state and/or local licenses, permits, and/or certificates required to provide the services it is requesting at the location(s) where it is or will be providing services **OR 2)** that no licenses, permits, and/or certificates are required of it to provide the services requested.
 10. Current copies of all of the licenses, permits, and/or certificates certified to in paragraph #9 above.
 11. A statement certifying that Offeror has a system in place (including policies, procedures, practices, etc.) to ensure the health, safety, and welfare of clients receiving services from it.
 12. A statement certifying that all Offeror staff requiring a criminal background screening will be subjected to the same pursuant to Utah Administrative Code (UAC), Rule R501. This rule may be viewed at the following website: <http://rules.utah.gov/publicat/code/r501/r501-14.htm>
 13. A statement indicating whether Offeror currently has a contract with DHS/DSPD pursuant to RFP #40296 and if so, the contract number of the contract (*Offeror's answer to this question will not be evaluated. It will be used only to determine whether Offeror must respond to Paragraph C below*).
- C. **Offerors who do not have a current contract with DHS/DSPD issued pursuant to RFP # 40296, must respond to the following:**
1. Address the following in five pages or less (pages shall be 8 ½ X 11", double-spaced, single-sided, and prepared using at least 12-point font):
 - a. Offeror's overall knowledge and familiarity with people with disabilities.
 - b. Offeror's process for training non-professional staff to competency prior to the staff working with clients.
 2. Submit a copy of Offeror's quality assurance plan.

V. SOIQ EVALUATION CRITERIA

All SOIQs will be evaluated against the criteria contained in the Evaluation Sheet attached hereto as Attachment B.

VI. ATTACHMENTS TO THIS REQUEST

- A. ATTACHMENT A – Scope of Work
- B. ATTACHMENT B – Service and Rate Table
- C. ATTACHMENT C – Evaluation Sheet

ATTACHMENT A

SCOPE OF WORK

Service Descriptions – MR.RC/ABI Services

BEHAVIOR CONSULTATION I

General Description:

Behavior Consultation I (BC1) services provide individually designed one-on-one interventions to replace the person's targeted behaviors with socially acceptable appropriate behaviors that increase the person's ability to be integrated into the community. BC1's provide services to people whose behavior problems may be emerging, annoying, worrisome, objectionable, singular but not dangerous, and may interfere with learning or social relationships. BC1's provide individualized behavior consultation to families and/or staff who support people with non-serious behavior problems. The behaviors of the person shall not constitute an impending crisis, nor shall they be assessed as constituting a serious problem. BC1 services shall be based upon positive behavior supports. BC1 services include complete functional behavior assessment of the targeted behaviors, development of a behavior support plan, monitoring the implementation of plan, training of caregivers and support staff and periodic reassessment of the plan. Services are provided at the person's home or in the community. Contractors receive referrals for BC1 services through the DSPD Behavior Consultant Coordinator or designated region staff.

Behavior Supports

1. Behavioral intervention procedures shall be in accordance with DHS/DSPD Administrative Rule R539-4 a copy of which can be found at: <http://www.rules.utah.gov/publicat/code/r539/r539-004.htm>.
2. All Behavior Support Plans shall emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors.
3. Written Behavior Support Plans shall include the following information:
 - a. A summary of the Functional Behavioral Assessment:
 - i. Describing the problem behavior.
 - ii. Predicting the circumstances in which the problem behavior is most likely to occur.
 - iii. Identifying the function of the problem behavior.
 - b. Baseline data.
 - c. Behavioral objective written in measurable and observable terms.
 - d. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas:
 - i. Prevention procedures designed to decrease the need for the problem behavior.
 - ii. Planned responses and consequences for when the problem behavior occurs - this includes safety issues and efforts to minimize reinforcement for the problem behavior.
 - iii. Teaching or increasing replacement behaviors.
 - iv. When appropriate, the Behavior Support Plan shall also address generalization, maintenance, and fading procedures.
 - e. When Level II and Level III intrusive procedures are used, include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time. (See R539-4-1-3 definitions.)
 - f. Name and title of the Contractor/Employee who developed the Behavior Support Plan and name of the employee(s) responsible for supervising the implementation of the plan.
 - g. Data collection procedures that measure progress toward the objective.

BEHAVIOR CONSULTATION I

- h. Dates for review and program revisions in addition to required monthly summary.
- i. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis.
- j. The written approved Behavior Support Plan shall be available to all persons involved in implementing or supervising the Plan.

Eligibility Description

BG SPINAL CHORD GENERAL FUND

SG SELF DETERM NON-MEDICAID

SM WAIVER_MEDICAID

Population Served

The person shall be found eligible under the DHS/DSPD eligibility criteria and shall be receiving other services or shall be on the DHS/DSPD waiting list. All persons served shall have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems. BC1 shall focus on people with mental retardation or related condition or on adults with brain injury. BC1 services may be provided at the person's home, a programmatic setting, or other naturally occurring environment in the community.

Contractor Qualifications

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training. Contractor must be certified by DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.
<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>.

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Rule R501 found at <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Staff Qualifications

BC1 staff must agree to be actively engaged in training provided by DHS/DSPD in positive behavioral supports and possess a Bachelors degree in a related field or any combination of training and experience of at least one year's length working with people who have mental retardation, related conditions or adults with brain injury. Staff shall successfully complete a training course in the provision of positive behavioral supports prescribed by DSPD and approved by the State Medicaid Agency and shall successfully pass a learning assessment at the conclusion of the course.

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record as required by Utah Administrative Rule R501-14. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>.

Staff to Person Ratios

Behavioral Consultation shall be one to one (1:1) service.

Record Keeping and Written Documentation

In order to assure the person's needs are being met and to assist DHS/DSPD in its efforts to evaluate the effectiveness of services, a copy of the following information shall be forwarded to DHS/DSPD within 30 days of its completion and shall be kept on file by the contractor:

1. Functional Behavior Assessment
2. Behavior Support Plan
3. Follow-up Summary/Evaluation
4. Monthly summaries of the BC1 services

In order to document the provision of BC1 services, the contractor shall develop and maintain sufficient written documentation to support the following:

1. Number of hours worked and activity;
2. Applicable licensure and certification;
3. Documentation of training(s) provided with topic, dates, names of attendees; and,
4. An approved referral as indicated on DHS/DSPD Form 1056 in the case of those receiving supports from DHS/DSPD, and on an alternative written document in the case of those awaiting services that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Individual Assessment and Treatment Plan

1. Behavior Supports
Contractors shall maintain written documentation and shall comply with Administrative Rule R539-4. <http://rules.utah.gov/publicat/code/r539/r539.htm>.
2. Support Plans Objectives and Outcomes
The Contractor shall be expected to establish individual objectives and track outcomes. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and the maintenance or increase in the frequency of occurrence of the replacement behavior.

Limitations:

1. Services provided by Contractors cannot duplicate other supports and services available to the person. In addition, they must be cost efficient and demonstrate effectiveness for the intended use.
2. Contractors may not provide direct care for persons or transport persons for whom they are simultaneously providing behavioral consultation.
3. Behavior Support Plans developed by the Contractor are prohibited from including any of the following:
 - a. Corporal punishment, examples: slapping, hitting, and pinching;
 - b. Demeaning speech to a person that ridicules or is abusive;
 - c. Seclusion -- defined as locked confinement in a room;
 - d. Use of electric devices or other painful stimuli to manage behavior;
 - e. Denial or restriction of access to assistive technology; except where removal prevents injury to self, others, or property; or,
 - f. Withholding of meals as a consequence or punishment for problem behavior.
4. Behavior Support Plans that include Level II or Level III intrusive behavior intervention procedures require DHS/DSPD review and approval (Reference Administrative Rule R539-4. <http://rules.utah.gov/publicat/code/r539/r539.htm>. BC1 contractors may develop plans

BEHAVIOR CONSULTATION I

- 156 that include Level II or Level III interventions provided that these plans are developed in
157 consultation with and reviewed by a BC2 or BC3 consultant and the BC1 consultant is
158 NOT involved with developing or monitoring that portion of the plan that contains intrusive
159 interventions. BC1 contractors may provide follow-up services for behavioral plans
160 developed and monitored by BC2 or BC3 contractors. Only BC2 and BC3 Contractors may
161 develop Behavior Support Plans that include Level II or Level III intrusive behavior
162 interventions
- 163 5. This service shall not be available to persons who might otherwise receive this service
164 through the Medicaid State Plan or any other funding source.
165

BEHAVIOR CONSULTATION II

General Description:

Behavior Consultation II (BC2) one-on-one hourly services provided to address serious behavior problems for people with disabilities. Interventions used by BC2's to address problem behavior shall be based upon the principles of applied behavior analysis and focus on positive behavior supports. BC2's provide personalized behavior consultation to families and/or staff who support people with *serious* though not potentially life threatening behavior problems that may be complicated by medical or other factors. Problems addressed by BC2's are identified as serious, but have not been judged to be treatment resistant or refractory and may derive from multiple and complex etiological factors. BC2 contractors may provide consultation on behavior supports with DSPD staff who work in region offices. BC2 services are considered crisis prevention. Contractors receive referrals for BC2 services through the DSPD Behavior Consultant Coordinator or designated region staff.

Behavior Supports

1. Behavioral intervention procedures shall be in accordance with DHS/DSPD Administrative Rule R539-4 a copy of which can be found at:
<http://www.rules.utah.gov/publicat/code/r539/r539-004.htm>.
2. All Behavior Support Plans shall emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors.
3. Written Behavior Support Plans shall include the following information:
 - a. A summary of the Functional Behavioral Assessment:
 - i. Describing the serious problem behavior.
 - ii. Predicting the circumstances in which the problem behavior is most likely to occur.
 - iii. Identifying the function of the problem behavior.
 - b. Baseline data.
 - c. Behavioral objective written in measurable and observable terms.
 - d. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas:
 - i. Prevention procedures designed to decrease the need for the problem behavior.
 - ii. Planned responses and consequences for when the problem behavior occurs, this includes safety issues and efforts to minimize reinforcement for the problem behavior.
 - iii. Teaching or increasing replacement behaviors.
 - iv. When appropriate, the Behavior Support Plan shall also address generalization, maintenance, and fading procedures.
 - e. When Level II and Level III intrusive procedures are used, include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time. (See R539-4-1-3 definitions.)
 - f. Name and title of the Contractor/Employee who developed the Behavior Support Plan and name of the employee(s) responsible for supervising the implementation of the plan.
 - g. Data collection procedures that measure progress toward the objective.
 - h. Dates for review and program revisions in addition to required monthly summary.
 - i. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis.
 - j. The written approved Behavior Support Plan shall be available to all persons involved in implementing or supervising the Plan.

Eligibility Description

BG SPINAL CHORD GENERAL FUND

BEHAVIOR CONSULTATION II

SG SELF DETERM NON-MEDICAID

SM WAIVER_MEDICAID

Population Served

The person shall be found eligible under the DHS/DSPD eligibility criteria and shall be receiving other services or shall be on the DHS/DSPD waiting list. All persons served shall have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems. BC2 shall focus on people with mental retardation or related condition or on adults with brain injury. BC2 services may be provided at the person's home, a programmatic setting, or other naturally occurring environment in the community.

Contractor Qualifications

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training. Contractor must be certified by DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.
<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>.

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits

Behavior Consultation Service II contractors shall agree to be actively engaged in training provided by DHS/DSPD in the provision of positive behavioral supports. Contractor shall successfully complete a training course in the provision of positive behavioral supports prescribed by DSPD and approved by the State Medicaid Agency and shall successfully pass a learning assessment at the conclusion of the course.

Staff to Person Ratios

Behavioral Consultation shall be one to one (1:1) service.

Staff Qualifications and Training

BC2 staff shall possess certification as a Board Certified Associate Behavior Analyst (for more information on certification, see www.bacb.com) and possess at least two years experience in the provision of services to persons with disabilities; or, possess a post-graduate degree of at least a Masters level in a behaviorally related field, granted by an accredited American or Canadian institute of higher learning and have any combination of training and experience of at least one year working with people who have mental retardation, related conditions or brain injury.

Contractor shall be certified by DSPD as an authorized provider of services to persons with disabilities in accordance Utah Code Section 62A-5-103.

<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>.

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record as required by Utah Administrative Rule R501-14. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>.

BEHAVIOR CONSULTATION II

BC2's shall agree to be actively engaged in training in positive behavioral supports provided by DHS/DSPD and shall successfully complete a learning assessment upon completion of training.

Record Keeping and Written Documentation

In order to assure the person's needs are being met and to assist DHS/DSPD in its efforts to evaluate the effectiveness of services, a copy of the following information shall be forwarded to DHS/DSPD within 30 days of its completion and shall be kept on file by the contractor:

1. Functional Behavior Assessment
2. Behavior Support Plan
3. Follow-up Summary/Evaluation
4. Monthly summaries of the BC2 services

In order to document the provision of BC2 services, the contractor shall develop and maintain sufficient written documentation to support the following:

1. Number of hours worked and activity;
2. Applicable licensure and certification;
3. Documentation of training(s) provided with topic, dates, names of attendees; and,
4. An approved referral as indicated on DHS/DSPD Form 1056 in the case of those receiving supports from DHS/DSPD, and on an alternative written document in the case of those awaiting services that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Person Assessment and Treatment Plan

1. Behavior Supports
Contractors shall maintain written documentation and shall comply with Administrative Rule R539-4. <http://rules.utah.gov/publicat/code/r539/r539.htm>.
2. Support Plans Objectives and Outcomes
The Contractor shall be expected to establish person objectives and track outcomes. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and the maintenance or increase in the frequency of occurrence of the replacement behavior.

Limitations:

1. Services provided by Contractors cannot duplicate other supports and services available to the person. In addition, they shall be cost efficient and demonstrate effectiveness for the intended use.
2. Contractors may not provide direct care for persons or transport persons for whom they are simultaneously providing behavioral consultation.
3. Behavior Support Plans developed by the Contractor are prohibited from including any of the following:
 - a. Corporal punishment, examples: slapping, hitting, and pinching;
 - b. Demeaning speech to a person that ridicules or is abusive;
 - c. Seclusion -- defined as locked confinement in a room;
 - d. Use of electric devices or other painful stimuli to manage behavior;
 - e. Denial or restriction of access to assistive technology; except where removal prevents injury to self, others, or property; or,
 - f. Withholding of meals as a consequence or punishment for problem behavior.

BEHAVIOR CONSULTATION II

- 152 4. Behavior Support Plans, which include any Level II or Level III intrusive behavior
153 intervention procedures, shall require DHS/DSPD review and approval. (Reference
154 Administrative Rule R539-4 <http://rules.utah.gov/publicat/code/r539/r539.htm>). BC2's
155 can provide follow-up services for behavioral plans developed and monitored by BC3
156 contractors.
- 157 5. This service shall not be available to persons who might otherwise receive this service
158 through the Medicaid State Plan or any other funding source.
159
160

BEHAVIOR CONSULTATION III

General Description:

Behavior Consultation III (BC3) services address or prevent crisis behavior problems for people with disabilities by providing one-on-one hourly behavioral consultation with families and/or staff who support people with the most complex behavioral issues. BC3 services focus on the most involved and complex, difficult, dangerous, potentially life-threatening and resistant to change problems. In addition, the person has failed intervention, is frightening to others and is severely limited to activities and opportunities they could otherwise access. The person's problems are complicated by or derive from multiple etiological factors. Interventions used by BC3's to address problem behavior shall be based upon the principles of applied behavior analysis and focus on positive behavior supports. BC3 contractors may provide consultation on behavior supports to DSPD staff who work in region offices. Contractors receive referrals for BC3 services through the DSPD Behavior Consultant Coordinator or designated region staff.

The BC3's shall conduct Functional Behavior Assessments. Functional Assessments shall focus on hard to separate multiple functions and may require functional analysis manipulation procedures. Assessments shall include the effects of multiple organic and dual-diagnosis issues. These consultations shall most likely be on referrals that are the most difficult to assess, plan, implement, and evaluate. BC3's shall design Behavior Support Plans, train families and/or staff on behavior support plans, evaluate the effectiveness of the Behavior Support Plans, and make adjustments in the plans as needed.

These plans shall address multiple targets with detailed procedures for prevention, consequences and replacement behaviors, crisis and safety issues, and may include Level II/III intrusive procedures. (See Administrative Rule R539-4-1-3 definitions.) Interventions shall focus on skill development and prevention procedures based on the principles of applied behavior analysis. Issues complicated by family problems and dynamics shall be addressed.

BC3 Services need to be coordinated with schools and other agencies addressing these behavior problems.

Evaluation summaries shall be detailed and based on objective data and graphs with multiple targets and treatment conditions used for visual analysis. Evaluation Summaries shall be comprehensive, with graphs including treatment conditions and the effects of other interventions (e.g., medications), and integrate information from multiple sources. BC3's may also consult with DHS/DSPD staff about the behavioral needs of persons, review the behavior supports provided by others through contract or utilization reviews, and participate in clinical reviews, behavior peer reviews or crisis prevention planning.

Behavior Supports

1. Behavioral intervention procedures shall be in accordance with DHS/DSPD Administrative Rule R539-4 a copy of which can be found at:
<http://www.rules.utah.gov/publicat/code/r539/r539-004.htm>.
2. All Behavior Support Plans shall emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors.
3. Written Behavior Support Plans shall include the following information:
 - a. A summary of the Functional Behavioral Assessment:
 - i. Describing the critical problem behavior.
 - ii. Predicting the circumstances in which the problem behavior is most likely to occur.

BEHAVIOR CONSULTATION III

- iii. Identifying the function of the problem behavior.
- b. Baseline data.
- c. Behavioral objective written in measurable and observable terms.
- d. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas:
 - i. Prevention procedures designed to decrease the need for the problem behavior.
 - ii. Planned responses and consequences for when the problem behavior occurs, this includes safety issues and efforts to minimize reinforcement for the problem behavior.
 - iii. Teaching or increasing replacement behaviors.
 - iv. When appropriate, the Behavior Support Plan shall also address generalization, maintenance, and fading procedures.
- e. When Level II and Level III intrusive procedures are used, include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time.
- f. Name and title of the Contractor/Employee who developed the Behavior Support Plan and name of the employee(s) responsible for supervising the implementation of the plan.
- g. Data collection procedures that measure progress toward the objective.
- h. Dates for review and program revisions in addition to required monthly summary.
- i. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis.
- j. The written approved Behavior Support Plan shall be available to all persons involved in implementing or supervising the Plan.

Eligibility Description

BG SPINAL CHORD GENERAL FUND

SG SELF DETERM NON-MEDICAID

SM WAIVER_MEDICAID

Population Served

The person shall be found eligible under the DHS/DSPD eligibility criteria and shall be receiving other services or shall be on the DHS/DSPD waiting list. All persons served shall have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems. BC3 services shall focus on people with mental retardation or related conditions or on adults with brain injury who suffer from the most complex, refractory and involved behavior problems that are potentially dangerous and life-threatening if left unattended. BC3 services may be provided at the person's home, a programmatic setting, or other naturally occurring environment in the community.

Contractor Qualifications

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the

BEHAVIOR CONSULTATION III

rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training. Contractor must be certified by DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.
<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>.

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits

Behavior Consultation Service II contractors shall agree to be actively engaged in training provided by DHS/DSPD in the provision of positive behavioral supports. Contractor shall successfully complete a training course in the provision of positive behavioral supports prescribed by DSPD and approved by the State Medicaid Agency and shall successfully pass a learning assessment at the conclusion of the course.

Staff to Person Ratios

Behavioral Consultation shall be one to one (1:1) service.

Staff Qualifications and Training

BC3 staff shall possess certification as a Board Certified Behavior Analyst (for more information on certification, see www.bacb.com) and possess at least three years of experience in the provision of services to persons with disabilities.; or, possess a post-graduate degree of at least a Ph.D. level in a field related to behavior management, granted by an accredited American or Canadian institute of higher learning. Contractor shall be certified by DSPD as an authorized provider of services to persons with disabilities in accordance 62A-5-103, UCA.

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record as required by Utah Administrative Rule R501-14. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>.

BC3's shall agree to be actively engaged in training in positive behavioral supports provided by DHS/DSPD and shall successfully complete a learning assessment upon completion of training.

Record Keeping and Written Documentation

In order to assure the person's needs are being met and to assist DHS/DSPD in its efforts to evaluate the effectiveness of services, a copy of the following information shall be forwarded to DHS/DSPD within 30 days of its completion and shall be kept on file by the contractor:

1. Functional Behavior Assessment
2. Behavior Support Plan
3. Follow-up Summary/Evaluation
4. Monthly summaries of the BC3 services

In order to document the provision of BC3 services, the contractor shall develop and maintain sufficient written documentation to support the following:

1. Number of hours worked and activity;
2. Applicable licensure and certification;
3. Documentation of training(s) provided with topic, dates, names of attendees; and,

BEHAVIOR CONSULTATION III

4. An approved referral as indicated on DHS/DSPD Form 1056 in the case of those receiving supports from DHS/DSPD, and on an alternative written document in the case of those awaiting services that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Person Assessment and Treatment Plan

1. Behavior Supports
Contractors shall maintain written documentation and shall comply with Administrative Rule R539-4.
2. Support Plans Objectives and Outcomes
The Contractor shall be expected to establish person objectives and track outcomes. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and the maintenance or increase in the frequency of occurrence of the replacement behavior.

Limitations:

1. Services provided by Contractors cannot duplicate other supports and services available to the person. In addition, they shall be cost efficient and demonstrate effectiveness for the intended use.
2. Contractors may not provide direct care for persons or transport persons for whom they are simultaneously providing behavioral consultation.
3. Behavior Support Plans developed by the Contractor are prohibited from including any of the following:
 - a. Corporal Punishment, examples: slapping, hitting, and pinching;
 - b. Demeaning Speech to a person that ridicules or is abusive;
 - c. Seclusion -- defined as locked confinement in a room;
 - d. Use of electric devices or other painful stimuli to manage behavior;
 - e. Denial or restriction of access to assistive technology; except where removal prevents injury to self, others, or property; or,
 - f. Withholding of meals as a consequence or punishment for problem behavior.
4. Behavior Support Plans, which include any Level II or Level III intrusive behavior intervention procedures, shall require DHS/DSPD review and approval. (Reference Utah Administrative Code R539-4)). BC3's can provide follow-up services for behavioral plans developed and monitored by BC3 contractors.
5. This service shall not be available to persons who might otherwise receive this service through the Medicaid State Plan or any other funding source.

CHORE SERVICES

General Description:

Chore Services (CHA) is a one-on-one hourly service that helps maintain a clean, sanitary, and safe living environment for persons with disabilities who are unable to complete chore activities on their own. CHA includes heavy household chores such as washing floors, windows, and walls; snow removal, lawn care, tacking down loose rugs and tiles; and moving heavy items of furniture in order to provide safe access and egress. CHA is not a skills training service.

CHA may be provided under Agency-Based Services.

Limitations:

CHA may be provided only in the case where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for this provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization. Chore services billed under the CHA code may not be provided to persons simultaneously receiving services billed under the ELS, PPS, HHS, RHS, SLA, SLH or SLN service codes.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Administrative Requirements

A. **Policies and Procedures:** Contractors shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each program site (person's home). These policies and procedures shall:

1. Demonstrate the development and posting of an evacuation plan in each program site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
2. Govern the handling, storage, disposal and theft prevention of medication.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education, and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor must ensure that Chore staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

CHORE SERVICES

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff providing this service must be at least 18 years of age.

Staff Training Requirements:

The contractor and staff must meet the following:

1. Employees providing chore services must be capable of physically completing all required tasks.
2. Maintain a clean, sanitary and safe living environment in the person's home.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs.

Rate:

CHA is an hourly, one-on-one service.

COMMUNITY LIVING SUPPORTS (CLS)

General Description:

Community Living Supports (CLS) provides daily support, supervision, training, and assistance for people to live as independently as possible in their private homes, apartments, or group homes. CLS can include up to 24-hour direct care but is generally 18-hours during the weekdays and 24-hours on weekends, holidays and vacations. The actual type, frequency and duration of direct care staff support is defined in the person's Individual Support Plan (ISP) and is based upon the assessed needs of the person. CLS is available to those who live alone or with roommates. CLS includes maintenance of individual health and safety; and assistance with activities of daily living such as eating, bathing, and dressing. The following waiver services are included under this code:

Behavior Analysis Services
Chore Services
Companion Services
Homemaker Services

Personal Assistance
Personal Budget Assistance
Transportation

Persons are excluded from receiving the following waiver services while receiving funding for CLS:

Host Home
Family Training and Preparation Services
Professional Parent
Supported Living

Persons receiving CLS are excluded from using the following service codes:

AFC, CLI, COM, HHS, PPS, SLH, SLN, SLA, BA1, BA2, BA3, BC1, BC2, BC3, BPB, BPM, BPP, CH1, CH2, FS1, FS3, FS4, FS5, FS6, FSV, FTP, HS1, HSQ, LKS, PAC, PAP, PAS, PBA, PEI, PEP, PER, RP1, RP2, RP3, RP4, RP5, RP6, RPS.

Behavioral program development must be provided by bachelor, masters or Ph.D. level Behavior Analysts. CLS is provided in a home-like environment, by an individual or an approved entity/agency in a group home, private home, or other approved residential setting other than a Nursing Facility (NF), Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR), adult host home or professional parent home.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

Contractor must be enrolled as an approved individual Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under DHS/DPSD contract to provide CLS and certified by DHS/DSPD.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Contractors under license with DHS, Office of Licensing shall assure the presence of at least one staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractors shall assure the presence of staff at each licensed site that is responsible for supervision of the day-to-day operations of the site and for operation of the program.

Administrative Requirements

Policies and Procedures: Contractors shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

- a. Establish the amount of time family or friends may stay as overnight guests;
- b. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD;
- c. For residential providers, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills;
- d. Govern the handling, storage, disposal and theft prevention of medication; and,
- e. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

Staff shall demonstrate competency in providing CLS services, as determined by the Contractor, in addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

CLS staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

CLS staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within 6 months of employment.

1. Medication competency:

- a. Identification of common medications, their effects, purpose and side effects;
- b. Identification of medications and medication side effects specific to the person;
- c. Recording and documentation of self-administration of medications; and,
- d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.

2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractors and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the family's perspective on the brain Injury.

CLS staff shall pass a BCI background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record (<http://rules.utah.gov/publicat/code/r501/r501-14.htm>).

CLS staff shall be at least 18 years old.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the ISP's Action Plan (ISP/AP). The ISP document includes the Action Plan and Support Strategies, and may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to the plan and ensure the person is involved in its implementation.
 3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.

4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor will complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, dosage, titration plans, and expected duration of medication, as determined by a qualified medical professional.
 - b. A statement of the psychiatric diagnosis or specific behavioral-pharmacological hypothesis for each medication prescribed. (If multiple medications are to be used, an explanation for the combination of medications will be stated.)
 - c. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - d. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - e. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies.

C. Behavior Supports

1. Behavioral intervention procedures that utilize Level II and Level III interventions shall be in accordance with DHS/DSPD Administrative Rule. (See Utah Administrative Code R539-4-1-3 definitions.)
2. All Behavior Support Plans should emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors.
3. Written Behavior Support Plans shall include the following information:
 - a. A summary of the Functional Behavioral Assessment:
 - i. Describing the problem behavior.
 - ii. Predicting the circumstances in which the problem behavior is most likely to occur.
 - iii. Identifying the function of the problem behavior.
 - b. Baseline data.
 - c. Behavioral objective written in measurable and observable terms.
 - d. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas:
 - i. Prevention procedures designed to decrease the need for the problem behavior.
 - ii. Planned responses and consequences for when the problem behavior occurs, this includes safety issues and efforts to minimize reinforcement for the problem behavior.
 - iii. Teaching or increasing replacement behaviors.
 - iv. When appropriate, the Behavior Support Plan should also address generalization, maintenance, and fading procedures.

- e. When Level II and Level III intrusive procedures are used, include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time. (See Utah Administrative Code R539-4-1-3 definitions.)
- f. Name and title of the employee(s) who developed the Behavior Support Plan and identify the person who is responsible for supervising the implementation of the plan.
- g. Data collection procedures that measure progress toward the objective.
- h. Dates for review and program revisions in addition to required monthly progress notes.
- i. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis.
- j. The written approved Behavior Support Plan shall be available to all staff involved in implementing or supervising the Plan.

D. Representative Payee

1. As per R539-3-5(1), persons shall have access to and control over personal funds unless the person/representative voluntarily signs a DHS/DSPD Voluntary Financial Support Agreement (Form 1-3), The Contractor's Human Rights Committee may recommend to the person's team to restrict a person's right to manage personal funds, if the person's money, health or safety is placed in jeopardy by severe mishandling, unlimited access or exploitation of funds by the person or others. The Contractor's staff shall give the person training, support and opportunities to manage finances to the maximum extent possible.
2. The Contractor's staff shall document the handling of personal funds in a way that is not harmful or embarrassing to the person and supports the intent of the income source. The team may determine how a person can be assisted with financial matters, recommend the type of financial support a person may need and refer the person to a review by the Contractor's Human Rights Committee. The Contractor's staff should act as representative or protective payee only in a situation where no other knowledgeable, financially competent adult willing to take on the representative or protective payee responsibilities can be identified. The Contractor, with approval by the DHS/DSPD Director or designee, can submit an alternative procedure to the one listed below.
3. Upon receipt of the person's team approval or a DHS/DSPD Form 1-3, signed by the person/representative, Contractor's staff shall manage the major personal business affairs of a person. Major personal business affairs include management of personal funds, checking account, savings account, or other financial matters related to supplemental income. Any variance from procedures must be approved by the Contractor's Human Rights Committee or requested by the person/representative and documented in the AP.
4. As per R539-3-5(2), the Contractor shall follow all Social Security Administration requirements outlined in 20 CFR 416.601-665.
5. The Contractor's staff shall review financial records with the person at least monthly.
 - a. The Contractor's staff shall maintain documentation of this review in the person's records.
 - b. An accurate record shall be kept of all funds deposited with the Contractor for use by the person. This record shall contain a list of deposits and withdrawals by category of food, rent, clothing and leisure. This record shall be verifiable with receipts and/or monthly bank statements.

- c. Purchases over \$20.00 per item shall be substantiated by receipts signed by the person and professional staff. Multiple items purchased over \$20.00 shall be verified with receipts, cancelled checks or monthly bank statements.
6. A record shall be kept of the person's petty cash funds. The amount of cash maintained in the person's petty cash account shall not exceed \$50.00 without Contractor's administrative approval. Records shall be kept of all deposits and withdrawals to the petty cash account.
7. The Contractor's staff shall assure accuracy of personal financial records through monthly review performed by someone other than the Contractor's staff authorizing expenditures. This review shall include verifying receipts of purchases of single items exceeding \$20.00 in value. A quarterly administrative review of monthly financial documentation, bank statement, receipts and purchases shall be conducted by each Contractor for a random sample of persons receiving support to ensure adequate control of finances for all persons served by the Contractor. The Contractor's staff shall maintain documentation that proved reviews were conducted.
8. It is recommended that the Contractor protect the person's funds by using methods such as:
 - a. not writing checks for more than \$35.00 cash a week;
 - b. not using the Automatic Teller Machine for transactions; and,
 - c. making deposits with no cash back.These actions help to protect the person's funds by establishing a bank record of the total funds received by the person and requiring the person to sign all transactions. The Contractor's Human Rights Committee may propose specific limits on a person's access to money and allowable spending amounts for the person's team review and approval.
9. Contractor's staff must provide documentation of the handling of person's funds in a manner that is least intrusive and restrictive to the person even if the Contractor staff act as representative or protective payee of the persons funds.
10. Representative or protective payees are entitled to a reconciled financial statement of fiscal activity at least monthly.
11. Representative or protective payee's monthly statement shall be forwarded each quarter to the Support Coordinator.
12. Contractor shall comply with DHS/DSPD representative payee records reviews.

E. Person's Personal Funds

1. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures.
2. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
3. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team must be notified and approve the actions of the Contractor in this situation. The Contractor's staff must document the emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.

4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

F. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the Individual Service Plan, as allowed by the person's Medicaid and insurance plans.
2. Contractor staff shall assure persons receive training and assistance to:
 - a. Safely follow physician orders;
 - b. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
 - c. Document the frequency, dosage, and type of medication taken.
3. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
4. Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor's Director.
5. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or emergency room visit. This does not include medical appointments for general health check-ups.
6. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.
7. Contractor staff shall assure persons receive training and assistance to:
 - a. Identify primary health care practitioners; and
 - b. Obtain dental and physical examinations.

G. Health and Nutrition Requirements

1. Persons shall have kitchen privileges with access to food and ingredients.
2. Contractor staff shall assist persons in planning menus to meet basic nutritional standards, special diets, food preferences, customs, and appetites.

H. Transportation

Contractor shall provide routine transportation to medical appointments, shopping and other community activities, based on the Contractor's and team's reasonable, professional judgment.

I. Access to Community Services

Contractor shall assist the person in obtaining assistance from community and government organizations, including but not limited to finding housing, applying for food stamps, obtaining social security benefits, etc.

Staff Support:

CLS can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Rate:

Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).

COMPANION SERVICES (COM)

General Description:

Companion (COM) is one-on-one hourly and daily non-medical care, supervision, and socialization services for functionally impaired adults. Companions may assist or supervise the person with such tasks as meal preparation, laundry, and shopping, but do not perform these services as discrete services. Companions do not provide hands on nursing care. Companions may perform light housekeeping tasks that are incidental to the care and supervision of the person. COM is provided in accordance with a therapeutic goal in the person's plan as is not purely diversional in nature. The following services are included under this code.

Personal Assistance (**PAC**)

Persons are excluded from receiving the following services and COM: (Cannot bill for COM and the codes listed above and below in bold.)

Adult Foster Care (**AFC**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Support (previous Community Living Support) (**RHS**)

Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)

Persons who receive COM may not bill for Supported Living, Day Support or Supported Employment services that occur during the same hours of the day.

COM services are intended for those participating in the Provider-based method, only.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and adults age 18 and older with acquired brain injury, as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under DHS, DPSD contract to provide COM and certified by DSPD.

Contractor shall provide emergency procedures for fire and other disasters.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Contractor shall develop and implement a policy to govern the handling, storage, disposal and theft prevention of medication

Contractor shall develop and implement a procedure regarding the nutrition of the Person.

Staff Qualifications:

Staff shall demonstrate competency in providing COM services, as determined by the Contractor, in addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

COM staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

COM staff shall be at least 18 years of age.

Specific Training Requirements:

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to complete the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within 6 months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.

12. Contractors and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
- Effects of brain injuries on behavior,
 - Transitioning from hospitals to community support programs including available resources,
 - Functional impact of brain changing,
 - Health and medication,
 - Role of the direct care staff relating to the treatment and rehabilitation process,
 - Treatment plan and behavioral supports, and
 - Awareness of the family's perspective on the brain injury.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
- The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and data collection and/or Task Analysis sheet for skill training or other support.
 - Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.
 - The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 - The Contractor, as a member of the person's Team, is required to assist in assessments and meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.
- B. Person's Personal Funds
- In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team shall be notified and grant approval of the Contractor's actions. The Contractor's staff shall document the emergency and the person's support team approval and maintain this documentation in the persons record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.
 - A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract, and b) room and board charges.
 - The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.

4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

C. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the person's ISP, as allowed by the person's Medicaid and insurance plans.
2. Contractor staff shall assure persons receive training and assistance to:
 - a. Identify primary health care practitioners;
 - b. Obtain dental and physical examinations;
 - c. Safely follow physician orders;
 - d. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
 - e. Document the frequency, dosage, and type of medication taken.
3. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
4. Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
5. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
6. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

D. Health and Nutrition Requirements

1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.
2. Contractor staff shall assist persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.

E. Transportation

Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable, professional judgment.

The Contractor shall check driver's driving record annually and shall assure that driver's with problematic records are not allowed to continue providing transportation as part of this service. Contractors shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto

insurance. Contractor shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.

F. Access to Community Services

Contractor shall assist the person in accessing community services and resources, including but not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.

Staff Support:

COM is a one-to-one service with an hourly and daily rate. If a person requires more than 6 hours a day of COM then the daily rate shall be used. Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Rate:

COM is a one-to-one service with an hourly and daily rate. Payments for COM services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).

DAY SUPPORTS GROUP

General Description:

Day Supports [set up on a] Group (DSG) provides daily and hourly support, supervision and training for groups of children, adults and the elderly. DSG provides a safe, non-residential, community habilitation program in a structured programmatic setting, other naturally occurring environment or community setting where people can gather in groups during the day to avoid becoming isolated and participate in and contribute to their community. DSG maintains or improves a person's job-readiness skills, work abilities, dexterity, stamina, memory, personal safety, interpersonal relations, self-help, communication, mobility and other functional abilities and life skills. Daily DSG may be used to provide appropriate staff to maintain the health and safety of persons during provision of MTP services so long as persons in groups receiving Daily DSG at the same time as MTP receive an average of six (6) hours of support a day. Daily DSG programs should be operational for at least 7.5 hours on regular business days to allow for staggered arrivals and departures.

Limitations:

1. DSG is intended for persons with mental retardation and related conditions (MR.RC); and, for persons with acquired brain injury (ABI) over the age of 18.
2. DSG is not available as a self-administered service; DSG is available through provider-based services only.
3. DSG services may on occasion occur in the person's home or residence, though this service is primarily intended to be operated from a structured programmatic setting within the community.
4. DSG services rendered consistently in a non-site setting or facility in which four or more persons participate at any one time shall be licensed in accordance with Utah Administrative Code R501, [<http://rules.utah.gov/publicat/code/r501/r501.htm>].
5. Services that are provided to the person and paid for by the State of Utah Division of Vocational Rehabilitation shall not be submitted to DHS/DSPD for duplicate payment.
6. Services that are provided to the person and paid for by the person's school shall not be submitted to DHS/DSPD for duplicate payment.
7. Wages paid to persons for incidental work performed during the time DSG reimbursement is claimed shall fully conform to Federal Department of Labor wage regulations and policy. Wages paid to persons receiving DSG services shall be commensurate for other employees performing similar labor. If the Contractor pays a person less than the minimum wage, the Contractor shall have a certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>]
8. Payment for transportation of persons to and from the location where DSG services are delivered is not included in this service. [See MTP service description].
9. DSG may not be billed for the same day that Extended Living Supports (ELS) are billed.
10. DSG may not be billed at the same time as any other service except for MTP, BC1, BC2, BC3, PM1 or PM2.
11. DSG is not provided on holidays and weekends for persons who receive RHI, RHS, PPS, HHS and Daily COM.
12. If not otherwise specified on the worksheet, the minimum allowable DSG staff supervision is 1:8 (one (1) staff to eight (8) people).

DAY SUPPORTS GROUP

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and adults age 18 and older with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. [<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications:

If site based services are provided to four (4) or more persons at any one time, the Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 [<http://rules.utah.gov/publicat/code/r501/r501.htm>] to operate and provide the particular type of services being offered and shall comply with insurance requirements and any local ordinances or permits. Non-licensed Contractors shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. [<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>]

Contractor shall be enrolled as an approved Medicaid provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall: a). Demonstrate the development and posting of an evacuation plan in each program site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills, and b) provide provisions to govern the handling, storage, disposal and theft prevention of medication.

Contractor shall assure that wages paid to persons receiving DSG services are commensurate to other employees performing similar labor. Contractors who pay persons receiving DSG less than the minimum wage shall have a Certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>]

Contractor shall ensure that DSG staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Contractor shall be under a DHS/DSPD contract to provide DSG.

Contractor's Staff Qualifications:

Staff shall demonstrate competency in providing DSG services, as determined by the Contractor, in addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

DSG staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS , Office of Licensing and have a record of the BCI results in the staff record. [<http://rules.utah.gov/publicat/code/r501/r501-14.htm>]

DSG staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to complete the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

DAY SUPPORTS GROUP

Staff shall complete and achieve competency in specific training areas one (1) through eight (8) within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six (6) months of employment. Competency for DSG staff may include knowing where to find information or who to contact in case of a question or unusual event.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects;
 - b. Identification of medications and medication side effects specific to the person;
 - c. Recording and documentation of self-administration of medications; and,
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred work activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents:

DAY SUPPORTS GROUP

Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.

2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that pertains to the Contractor and ensure that the person is involved in its implementation.
3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor under license with DHS, Office of Licensing shall assure the presence of at least one staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractor shall assure the presence of staff at each licensed site who is responsible for supervision of the day to day operations of the site and for operation of the program.

Contractor shall develop and implement fiscal policies, such as internal controls that separate payments from funding sources, such policies shall be sufficient to ensure and document that any financial benefit realized by a Contractor as a result of a contract with a federal, state, county, city or other agency to use the Contractor facility, was of benefit to the persons receiving DSG.

Contractor shall develop and implement procedures regarding behavior support plans and behavioral intervention procedures that comply with Administrative Code R539-4.

Contractor shall develop and implement procedures that assure proper nutrition of the person during periods of the provision of DSG.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Hours of support are established in the person's worksheet and/or ISP/AP.

Record keeping

In addition to the General Requirements for record keeping, the Contractor shall maintain accurate records, such as attendance records and timesheets, of all instances of service delivery.

Rate:

DSG contains an hourly and daily rate. DSG provides support to groups. Services that are rendered for 6 hours or more on average per day are billed at a rate not to exceed that for six hours.

DAY SUPPORTS FOR AN INDIVIDUAL (DSI)

General Description:

Day Supports [for an] Individual (DSI) [formerly DTA and DTB] provides one-to-one support, supervision and training for a child, adult or elder. DSI may be provided as a daily or hourly service. DSI provides a safe, non-residential, community habilitation program in a structured programmatic setting, other naturally occurring environment or community setting where a person can receive supports during the day to avoid becoming isolated and to participate in and contribute to his or her community. DSI maintains or improves a person's job-readiness skills, work abilities, dexterity, stamina, memory, personal safety, interpersonal relations, self-help, communication, mobility and other functional abilities and life skills.

Limitations:

1. DSI is intended for persons with mental retardation and related conditions; and, for persons with acquired brain injury over the age of 18.
2. DSI is not available as a self-administered service; DSI is available through provider-based services only.
3. DSI services may on occasion occur in the person's home or residence, though this service is primarily intended to be operated from a structured programmatic setting within the community.
4. DSI services rendered consistently in a non-site setting or facility in which four or more persons participate at any one time shall be licensed in accordance with Utah Administrative Code R501, [<http://rules.utah.gov/publicat/code/r501/r501.htm>].
5. Services that are provided to the person and paid for by the State of Utah Division of Vocational Rehabilitation shall not be submitted to DHS/DSPD for duplicate payment.
6. Services that are provided to the person and paid for by the person's school shall not be submitted to DHS/DSPD for duplicate payment.
7. Wages paid to persons for incidental work performed during the time DSI reimbursement is claimed shall fully conform to Federal Department of Labor wage regulations and policy. Wages paid to persons receiving DSI services shall be commensurate for other employees performing similar labor. If the contractor pays a person less than the minimum wage, the contractor shall have a Certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>]
8. Routine, Non-Medical transportation is included in DSI unless the person receives MTP. [See MTP service description].
9. DSI may not be billed for the same day that Extended Living Supports (ELS) are billed.
10. DSI may not be billed at the same time as any other service except for BC1, BC2, BC3, PM1 or PM2.
11. DSI is not provided on holidays and weekends for individuals who receive RHI, RHS, PPS, HHS and Daily COM.
12. The minimum allowable DSI staff supervision is 1:1 (one staff to one person).

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and adults age 18 and older with acquired brain injury, as defined in Utah Administrative Code R539-1. [<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications:

DAY SUPPORTS FOR AN INDIVIDUAL (DSI)

If site based services are provided to four or more persons at any one time, the Contractor shall have all applicable licenses as prescribed in Utah Administrative Rule R501 [<http://rules.utah.gov/publicat/code/r501/r501.htm>] to operate and provide the particular type of services being offered and shall comply with insurance requirements and any local ordinances or permits. Non-licensed contractors shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code Annotated § 62A-5-103. [<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>]

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall: a) Demonstrate the development and posting of an evacuation plan in each program site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills; and, b) Provide provisions to govern the handling, storage, disposal and theft prevention of medication.

Contractor shall assure that wages paid to persons receiving DSI services are commensurate to other employees performing similar labor. A Contractor who pay persons receiving DSI less than the minimum wage shall have a Certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>]

The Contractor shall ensure that DSI staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Contractor shall be under DHS/DSPD contract to provide DSI.

Staff Qualifications:

Staff shall demonstrate competency in providing DSI services, as determined by the Contractor, in addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

DSI staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>

DSI staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for DSI and orients them to the person being supported. DSI training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

DSI staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within 6 months of employment.

DAY SUPPORTS FOR AN INDIVIDUAL (DSI)

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred work activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - ~~g.~~ Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that pertains to the Contractor and ensure that the person is involved in its implementation.

DAY SUPPORTS FOR AN INDIVIDUAL (DSI)

3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor under license with DHS, Office of Licensing shall assure the presence of at least one staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractor shall assure the presence of staff at each licensed site who is responsible for supervision of the day-to-day operations of the site and for operation of the program.

Contractors shall develop and implement fiscal policies, such as internal controls that separate payments from funding sources, such policies shall be sufficient to ensure and document that any financial benefit realized by a Contractor as a result of a contract with a federal, state, county, city or other agency to use the contractor facility, was of benefit to the persons receiving DSI.

Contractor shall develop and implement procedures regarding behavior support plans and behavioral intervention procedures that comply with Utah Administrative Code R539-4.

Contractors shall develop and implement procedures that assure proper nutrition of the person during periods of the provision of DSI.

Transportation:

Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable and professional judgment.

The Contractor shall check driver's driving record annually and shall assure that drivers with problematic records are not allowed to continue providing transportation as part of this service. Contractor shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractor shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.

DAY SUPPORTS FOR AN INDIVIDUAL (DSI)

6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.

Staff Support:

Actual type, frequency and duration of support shall be defined in the person's ISP/AP based on the person's assessed needs. Hours of support are established in the person's ISP/AP.

Record Keeping:

In addition to the General Requirements for record keeping, the Contractor shall maintain accurate records, such as attendance records and time sheets, recording the delivery of face-to-face and direct DSI services.

Rate:

DSI has an hourly and daily rate. The hourly rate is determined by the person's individual needs as specified in the person's Individual Support Plan (ISP) and budget. The daily rate is negotiated based upon the number of hours of daily support required to maintain an existing job when the person requires more than 1 hours of ongoing support per day.

DAY SUPPORTS USING A WORKSHEET (DSW)

General Description:

Day Supports using a Worksheet (DSW) provides non-residential community habilitation programs for children, adults and the elderly to help them gain or improve the skills that they would normally require in a structured program setting or other naturally occurring environment in their community. DSW may include work related activities for adults that do not duplicate other programs, such as Utah Division of Vocational Rehabilitation. DSW services are also designed to help children, adults, and the elderly to acquire the skills necessary to enjoy socializing and to fully participate and avoid becoming isolated in their homes or communities. Services are generally provided in structured programmatic settings, other naturally occurring environments in the community, or in job skills development settings. However, these services are intended to supervise and develop self-help, communication, mobility and life skills and are not primarily intended to develop or enhance vocational skills or educational achievements. DSW services are rendered to persons on a group basis. DSW may be used to provide appropriate staff to maintain the health and safety of individuals during provision of MTP services so long as individuals in groups receiving DSW at the same time as MTP receive an average of 6 hours of DSW a day. DSW programs should be open for at least 7.5 hours on regular business days.

DSW is available through Provider-Based Services.

Limitations:

1. DSW is intended for persons with acquired brain injury (ABI) over the age of 18.
2. DSW services may on occasion occur in the person's home or residence, though this service is primarily intended to be operated from a structured programmatic setting within the community.
3. Services rendered consistently in a non-site setting in which four or more persons participate at any one time must be licensed in accordance with Utah Administrative Rule R501. [<http://rules.utah.gov/publicat/code/r501/r501.htm>].
4. Services reimbursed for persons eligible for services by the State of Utah Division of Vocational Rehabilitation Services are excluded for payment as a waiver service under this definition.
5. Contractor shall fully conform to Federal Department of Labor wage regulations and policies. [<http://www.dol.gov/esa/whd/flsa/index.htm>]
6. Transportation is not included in this service. [See MTP service description].
7. DSW may not be billed for the same day that Extended Living Supports (ELS) are billed.
8. DSW may not be billed at the same time as any other service except for MTP, BC1, BC2, BC3, PM1 or PM2.
9. DSW is not provided on holidays and weekends.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. [<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications:

If site based services are provided to four or more persons at any one time, the Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 [<http://rules.utah.gov/publicat/code/r501/r501.htm>] to operate and provide the particular type of services being offered and must comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized

DAY SUPPORTS USING A WORKSHEET (DSW)

provider of services to persons with disabilities in accordance with Utah Code Annotated § 62A-5-103.
[<http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>]

Wages shall be commensurate for other employees performing similar labor. If the Contractor pays a person less than the minimum wage, the Contractor must have a Certificate from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>]

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

The Contractor must ensure that the Day Supports staff is trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Contractor shall be under DHS, DSPD contract to provide DSW.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site-based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills. |

Contractors under license with DHS, Office of Licensing shall assure the presence of at least one staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractor shall assure the presence of staff at each licensed site who is responsible for supervision of the day to day operations of the site and for operation of the program.

Staff Qualifications:

DSW staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

DSW staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

DSW staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

DSW staff must be age 18 or older. |

Direct Service Requirements:

A. **Person-Centered Planning:** Contractor's staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plans Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the person to that part of the plan that pertains to the Contractor and ensure that the person is involved in its implementation.

DAY SUPPORTS USING A WORKSHEET (DSW)

3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs.

Record Keeping:

In addition to the General Requirements for record keeping, the Contractor shall maintain accurate records, such as attendance records, time sheets, of all instances of service delivery.

Rate:

DSW contains an hourly and daily rate. Services that are rendered for 6 hours or more on any day are billed at the daily rate.

EXTENDED LIVING SUPPORTS (ELS)

General Description:

Extended Living Supports (ELS) provide hourly one-on-one or group supervision, socialization, personal care and supports for persons who reside in a community living setting who do not normally attend an employment, day or school program. Usually, this service is provided for short periods of time, such as during times of illness, recovery from surgery, breaks from school and/or transition between service providers. ELS may also be used on a flexible basis to accommodate the person's needs, such as time between the school day and when residential services begin if time between school and home fluctuates regularly. The focus of this support is an extension of the objectives/goals found in the individual's support plan. When the individual shares staff with another consumer, the total number of hours billed for each individual will be reduced proportionately. The following services are included as part of the ELS code and will not be reimbursed separately:

Chore Services (**CH1, CHA**)
Companion Services (**COM, CO1**)
Homemaker Services (**HS1, HSQ**)
Personal Assistance (**PA1, PAC**)
Routine, Non-medical Transportation (**DTP**)

ELS is available through Provider-based services only.

Limitations:

ELS services are for extra residential coverage only, and supplements RHI (previously CLI), RHS (previously CLS), HHS, and PPS services only. For persons who may need long term extended supports, the RHS, RHI, HHS, or PPS worksheet shall be modified to reflect the change in level of support to a 24 hour, 7 day per week reimbursement. ELS is not available to children living in their parent's or legal guardian's home. Persons receiving services billed under the ELS service code may not simultaneously receive services billed under the CH1, CHA, COM, CO1, HS1, HSQ, PAC, PA1 or DTP service codes. All of the requirements listed in the qualifying residential code shall apply to ELS. Contractor shall review the residential code partnered with ELS for additional ELS requirements.

Population Served:

The Contractor will serve persons with mental retardation and related conditions (MR.RC), and adults aged 18 and over who have an acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm> Persons must be current recipients of RHS or RHI, HHS, or PPS services.

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 (<http://rules.utah.gov/publicat/code/r501/r501.htm>) to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor must be enrolled as an approved Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under DHS, DPSD contract to provide ELS and certified by DHS/DSPD.

Staff Qualifications:

ELS staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education, and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

EXTENDED LIVING SUPPORTS (ELS)

The Contractor must ensure that ELS staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract. |

ELS staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm> |

ELS staff must be at least 18 years old

All requirements listed in the applicable Residential Service Descriptions for the person (RHI, RHS, HHS or PPS apply to ELS).

Staff Support:

ELS may include 6 hour one-on-one or group direct care staff support. Actual type, frequency and duration of direct care staff support will be defined in the person's Individual Support Plan's Action Plan (ISP/AP) based on the person's selected housing arrangement and assessed needs.

Rate:

ELS may include 6 hour one-on-one or group direct care staff support. Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).

EXTENDED LIVING SUPPORTS (ELS)

75

HOST HOME SUPPORT (HHS)

General Description:

Host Home Support (HHS) provides a home-like setting that offers support, supervision, training and assistance for adults in a certified residential setting or other certified private home. HHS may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). HHS services include daily supports to maintain individual health and safety, and assistance with activities. Services give individuals with disabilities an alternative to institutional or community living settings. Services rendered under the HHS service code afford adults an opportunity to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities. The following services are included as part of the HHS code and will not be reimbursed separately:

Chore Services (**CH1, CHA**)

15 Personal Assistance (**PAC**)

Companion Services (**COM**)

16 Routine, Non-medical Transportation (**DTP**)

Homemaker Services (**HS1 & HSQ**)

Persons are excluded from receiving the following services for HHS: (Cannot bill for HHS and the codes listed above and below in bold)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Support (**FS1**)

Family Training and Preparation Services (**TFA, TF1**)

Family and Individual Training and Preparation Services (**TFB, TF2**)

Professional Parent Supports (**PPS**)

Residential Habilitation Supports (previous Community Living Support) (**RHS**)

Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)

Respite (**RP1, RP2, RP3, RP4 & RP5**)

Supported Living (**SL1, SLH & SLN**)

Family Training and Preparation Services (TFA, TF1) and Family and Individual Training and Preparation Services (TFB, TF2) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

HHS and other support staff are retained and supervised by the Contractor and certified to provide Host Home services. The Contractor is responsible for recruitment, selection, training, and on-going supervision of HHS and other support staff (including identification of wages and work schedules), support and technical assistance to Host Home, documentation, the person's support strategies, and meeting certification, waiver, contract, rule, and statute requirements.

HHS is available through Provider-Based Services only.

Limitations:

Contractor or HHS staff shall not have custody or guardianship of the person. Contractor shall assure that HHS staff only provide services for one person per home operated by the Contractor, OR, that the region director in the region where the home operates has provided prior written approval allowing two persons to receive HHS together in the same home. No more than three persons may receive PPS/HHS services together in the same home. Host Home staff may not act as a conservator or representative payee with Social Security Administration for persons they support in HHS services. HHS shall not be used to provide services to persons in the home of a direct relative or legal guardian.

Population Served:

The Contractor will serve adults age 18 and older currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and adults age 18 and older with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501, (<http://rules.utah.gov/publicat/code/r501/r501.htm>) to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under DHS, DPSD contract to provide HHS and certified by DSPD.

Contractor shall provide emergency procedures for fire and other disasters and training on evacuation procedures.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Administrative Requirements

Policies and Procedures: Contractors shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each program site. These policies and procedures shall:

1. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD.
2. For residential providers, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
3. Govern the handling, storage, disposal and theft prevention of medication
4. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

HHS and other support staff shall be trained in the Staff Training Requirements as outlined in General Requirements, Home and Community Based Waiver, rule, statute, and contract.

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

HHS and other support staff shall pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

Host Home Parents shall be at least 21 years old.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to complete the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and acquired brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of

employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within 6 months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person-centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractors and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Psychotropic Medication Plan, Staff Instruction sheet, and data collection and/or Task Analysis sheet for skill training or other support.

2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that pertains to the Contractor and ensure the person is involved in its implementation.
3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor shall complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date on which the medication was commenced or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessment instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

C. Persons' Personal Funds

1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team shall be notified and grant approval of the Contractor's actions. The Contractor's staff shall document the emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.
2. A person shall not give cash to, or make purchases from, the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract, and b) room and board charges.
3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The

inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

D. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the ISP, as allowed by the person's Medicaid and insurance plans.
2. Contractor staff shall assure persons receive training and assistance to:
 - a. Identify primary health care practitioners;
 - b. Obtain dental and physical examinations.
 - c. Safely follow physician orders;
 - e. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
 - d. Document the frequency, dosage, and type of medication taken.
3. Person health information including the following:
 - a. A record of all medical and /or dental examinations performed, including assessments, treatments, and prescribed medication(s);
 - b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health;
 - c. Authorization for any emergency medical treatment needed;
 - d. A record of all medication(s) taken by the person;
 - e. A record of all incidents requiring first aid and/or a referral to medical personnel or a health care facility;
 - f. A record of all medication errors; and,
 - g. A record of all accidents or injuries.
4. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
5. Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
6. Contractor shall notify the Support Coordinator and personal representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

E. Health and Nutrition Requirements

1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.

2. Contractor staff shall assist persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.

F. Transportation

Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable, professional judgment.

The Contractor shall check driver's driving records annually and shall assure that drivers with problematic records are not allowed to continue providing transportation as part of this service. Contractors shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractors shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all times when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport

G. Access to Community Services

Contractor shall assist the person in obtaining assistance from community and government organizations, including but not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc. Contractor shall also collaborate with applicable school, person welfare, and other agencies/individuals involved in the person's care.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs. The support coordinator identifies the total hours of direct support needed by the person and the Contractor determines how to split the total hours between the host home provider and other direct support staff. HHS can include up to 24-hour direct care staff support.

Rate:

HHS is paid as a daily rate. HHS can include up to 24-hour direct care staff support. Generally, however, HHS is provided for up to 24-hours on holidays and weekends and for 18-hours per day on days when the person is in school, at work or receiving other daytime supports. Additional services to

323 support a person during the summer school recess or during off-track school periods are purchased under
324 extended living (ELS) or day service codes. Payments for residential services are not made for room and board,
325 the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through
326 personal income such as Social Security and other income (SSA, SSI, employment).

HOMEMAKER SERVICES (HSQ)

General Description:

Homemaker Services (HSQ) provides an hourly one-on-one service needed to maintain the person's home in a clean, sanitary, and safe environment. Services include general household activities such as meal preparation and routine household care provided by a trained homemaker, when the individual regularly responsible for those activities is temporarily absent or if the person is unable to manage the home and care for him or herself or other in the home. HSQ is not a skills training service.

HSQ may be provided under Agency-Based Services.

Limitations:

HSQ may be provided only in the case where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for this provision. Persons receiving services billed under the COM, ELS, PPS, HHS, RHS, SLA, SLH and SLN service codes may not simultaneously receive services billed under the HSQ code.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Administrative Requirements

- A. Policies and Procedures: Contractors shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each program site (client's home). These policies and procedures shall:
1. Demonstrate the development and posting of an evacuation plan in each program site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
 2. Govern the handling, storage, disposal and theft prevention of medication

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor must ensure that Chore staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

HOMEMAKER SERVICES (HSQ)

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff providing this service must be at least 18 years of age.

Staff Training Requirements:

The contractor and staff must meet the following:

1. Employees providing homemaker services must be capable of physically completing all required tasks.
2. Maintain a clean, sanitary and safe living environment in the person's home.

Staff Support:

Actual type, frequency and duration of support will be defined in the client's Individual Support Plan Action Plan (ISP/AP) based on the client's assessed needs.

Rate:

HSQ is an hourly, one-on-one service.

MOTOR TRANSPORTATION PAYMENT (MTP)

General Description:

Motor Transportation Payment (MTP) provides transportation from the person's home or living facility to community habilitation programs or facilities that provide day supports. Persons may not be "kicked off", expelled, or suspended from MTP without prior notification and approval by both the DHS/DSPD Support Coordinator and Region Director. The Contractor is responsible for the person, to ensure the person arrives safely at the scheduled time and arranged destination. This may include arranging for other transportation to ensure that services are delivered as well as rendering assistance to the person that would ensure the successful completion of transportation services so that the person arrives safely at the scheduled time and arranged destination. Failure to serve the person under these terms may be cause for termination of MTP services.

Limitations:

MTP is allowed only when no other transportation service is provided or available and when transportation is not otherwise available as an element of another service. MTP does not include payment for transportation to medical appointments. MTP may not be used for any person who receives a day support service that includes routine, non-medical transportation as part of the rate.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and adults age 18 and older with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

The Contractor shall ensure that Transportation and other support staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

The Contractor shall check driver's driving record annually and shall assure that drivers with problematic records are not allowed to continue providing MTP services. Contractors shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractors shall keep documentation of this review and copies of the driver's record and auto insurance in the driver's file.

Contractor shall be under DHS, DSPD contract to provide MTP and certified by DSPD.

Staff Qualifications:

All staff shall demonstrate competency in providing MTP services, as determined by the Contractor, in addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

Drivers shall be trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Motor Transportation Payment (MTP) Service Description Final Draft October 29, 2005

Professional drivers shall be licensed as applicable according to the Utah Department of Motor Vehicles Licensing. All staff rendering this service shall possess current and valid driver's licenses appropriate for the rendering of this service as required by Utah Administrative Code R708.
<http://rules.utah.gov/publicat/code/r708/r708.htm>

Drivers who provide MTP shall be at least 18 years old.

Direct Service Requirements:

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the MTP service.
8. Failure to serve the person under these terms may be cause for termination of this service.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's Individual Support Plan/Action Plan (ISP/AP) based on the person's assessed needs. Hours of support are established in the person's ISP/AP.

Record Keeping:

In addition to the General Requirements for record keeping, the Contractor shall maintain accurate records, such as transportation records, pick-up and delivery sheets and time sheets, recording the delivery of MTP services.

Rate:

MTP provides a daily payment for transportation to and from the day support location. The number of days billed for MTP should not exceed the number of days billed for day support. MTP is a flat rate paid on an individual basis for transportation services provided to an individual or group.

SERVICE CODE REQUIREMENTS:

General Description:

Personal Assistance services (PAC) refer to the provision of personal assistance and supportive services, specific to the needs of a medically stable, individual who is capable of directing his/her own care or has a surrogate available to direct the care. This service is intended to reinforce an individual's strengths, while substituting or compensating for the absence, loss, diminution, or impairment of physical or cognitive functions. Services will be outlined in the individual support plan (ISP) and will not duplicate other covered waiver supports.

Personal assistance services are provided on a regularly scheduled basis and are available to individuals who live alone or with roommates. Services may be provided in the recipient's place of residence or in settings outside the place of residence.

Population Served:

The Contractor will serve children and adults currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and adults age 18 and older with acquired brain injury (ABI) or physical disabilities (PD), as defined in Utah Administrative Code R539-1. (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

Administrative Requirements

- A. Policies and Procedures: Contractors shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each program site (person's home). These policies and procedures shall:
1. Demonstrate the development and posting of an evacuation plan in each program site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
 2. Govern the handling, storage, disposal and theft prevention of medication.

Staff Qualifications:

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor shall ensure that Personal Assistance staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff providing this service must be at least 18 years of age.

Staff Training Requirements:

The contractor and staff must meet the following:

1. Employees providing personal assistance services must be capable of physically completing all required tasks.
2. Maintain a sanitary and safe living environment in the person's home.

Direct Service Requirements:

A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing their applicable portion of the ISP's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the client to that portion of the plan that pertains to them and ensure the client is involved in its implementation.
3. The Contractor shall develop Support Strategies for the client. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. In the case of services that are offered on a recurring basis, the Contractor, as a member of the client's Team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the client's service/support requirements and to make adjustments as necessary based on the client's needs. However, it may meet more often as determined by the client or other members of the team.

B. **Health and Safety Requirements**

Contractor shall assure that clients receive training in ways to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the ISP.

Contractor staff shall assure clients receive training and assistance to:

- a. Safely follow physician orders;
- b. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the client's physician; and,
- c. Document the frequency, dosage, and type of medication taken.

Contractor shall notify the Support Coordinator and Representative within 24 hours of the development of any apparent medical need for the person.

Contractor staff shall assure clients receive training and assistance to:

- a. Identify primary health care practitioners; and
- b. Obtain dental and physical examinations.

Staff Support:

PAC does not include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support will be defined in the client's ISP/AP based on the client's selected housing arrangement and assessed needs.

PERSONAL BUDGET ASSISTANCE (PBA)

General Description:

Personal Budget Assistance (PBA) provides hourly and daily one-on-one support with financial matters, fiscal training, supervision of financial resources, savings, retirement, earnings, and funds monitoring, monthly check writing, bank reconciliation, budget management, tax and fiscal record keeping and filing and fiscal interaction on behalf of the individual. Generally, this service is provided along with another support like residential habilitation or supported living. A PBA contractor shall manage the personal finances on behalf of a person in services and may also act as the Social Security Administration, Representative Payee, conservator or the person's voluntarily appointed personal funds manager.

PBA may be paid only to persons participating in the Provider-based services method.

PBA Contractors shall comply with the following additional requirements:

A. Representative Payee

1. As per R539-3-5(2), the Contractor shall follow all Social Security Administration requirements outlined in 20 CFR 416.601-665.
2. As per R539-3-5(1), persons shall have access to and control over personal funds unless the person/representative voluntarily signs a DHS/DSPD Voluntary Financial Support Agreement (Form 1-3). The Contractor's Human Rights Committee may recommend to the person's team to restrict a person's right to manage personal funds, if the person's money, health or safety is placed in jeopardy by severe mishandling, unlimited access or exploitation of funds by the person or others. The Contractor's staff shall give the person training, support and opportunities to manage finances to the maximum extent possible.
3. The Contractor's staff shall review financial records with the person at least monthly.
 - a. Maintain documentation of this review in the person's records and include reconciled financial statements.
 - b. Keep an accurate record of all funds deposited on behalf of the person with the Contractor for use by the person. This record shall contain a list of deposits and withdrawals by category of food, rent, clothing and leisure. This record shall be verifiable with receipts and/or monthly bank statements.
 - c. Substantiate purchases over \$20.00 per item by receipts signed by the person and professional staff.
 - d. Verify multiple items purchased over \$20.00 with receipts, cancelled checks or monthly bank statements.
4. The Contractor's staff shall document the handling of personal funds in a way that is not harmful or embarrassing to the person and supports the intent of the income source. The team may determine how a person can be assisted with financial matters, recommend the type of financial support a person may need and refer the person to a review by the Contractor's Human Rights Committee. The Contractor's staff should act as representative or protective payee only in a situation where no other knowledgeable, financially competent adult is willing to take on the representative or protective payee responsibilities. The Contractor may submit an alternative procedure for consideration by the Division Director. The Contractor shall only use the proposed alternative procedure if written approval of the variance is granted by the Division Director or designee.

PERSONAL BUDGET ASSISTANCE (PBA)

5. Upon receipt of the person's team approval or a DHS/DSPD Form 1-3, signed by the person/Representative, Contractor's staff shall manage the major personal business affairs of a person. Major personal business affairs include management of personal funds, checking account, savings account, or other financial matters related to supplemental income. Any variance from procedures must be approved by the Contractor's Human Rights Committee or requested by the person/representative and documented in the Individual Service Plan's Action Plan (ISP/AP).
 6. A record shall be kept of the person's petty cash funds. The amount of cash maintained in the person's petty cash account shall not exceed \$50.00 without Contractor's administrative approval. Records shall be kept of all deposits and withdrawals to the petty cash account.
 7. The Contractor's staff shall assure accuracy of personal financial records through monthly review performed by someone other than the Contractor's staff authorizing expenditures. This review shall include verifying receipts of purchases of single items exceeding \$20.00 in value. A quarterly administrative review of monthly financial documentation, bank statement, receipts and purchases shall be conducted by each Contractor for a random sample of persons receiving support to ensure adequate control of finances for all persons served by the Contractor. The Contractor's staff shall maintain documentation that approved reviews were conducted.
 8. It is recommended that the Contractor protect the person's funds by using methods such as:
 - a. not writing checks for more than \$35.00 cash a week,
 - b. not using the Automatic Teller Machine for transactions,
 - c. making deposits with no cash back.These actions help to protect the person's funds by establishing a bank record of the total funds received by the person and requiring the person to sign all transactions. The Contractor's Human Rights Committee may propose specific limits on a person's access to money and allowable spending amounts for the person's team review and approval.
 9. Representative or protective payee's monthly statement shall be forwarded monthly to the Support Coordinator.
 10. Contractor shall comply with DHS/DSPD representative payee records reviews. DHS/DSPD shall review the Contractor's representative payee records as described in Utah Code § 62A-5-103(2)(k).
- B. Person's Personal Funds
1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team must be notified and grant approval of the Contractor's actions. The Contractor's staff must document the emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.
 2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor.

PERSONAL BUDGET ASSISTANCE (PBA)

Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract, and b) room and board charges, if allowable by contract.

3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

PBA is only available to persons participating in the Provider-based method.

Limitations:

PBA shall be used instead of Residential Habilitation and Supported Living when the person needs support to manage his or her personal funds. PBA is used to supplement Residential Habilitation and Supported Living services and allows for a distinction of fiscal activities from programmatic activities.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

Contractor must be enrolled as an approved Individual Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency, as determined by the Contractor, education, and training before the delivery of any supports to persons.

Professional staff must be licensed as applicable according to the Division of Occupational and Professional Licensing.

Direct Service Requirements:

PERSONAL BUDGET ASSISTANCE (PBA)

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the ISP/AP. The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the person to the plan and ensure the person is involved in its implementation.
3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

All requirements listed in the applicable Residential Service Descriptions for the person (RHI, RHS, HHS or PPS apply to equally to PBA).

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Up to fifty percent of the service may be delivered outside of the person's presence.

Rate:

Personal Budget Assistance is provided on both a daily as well as a quarter hour basis. The daily rate is paid if the person is also receiving Residential Habilitation (RHS, RHI), Professional Parent Support (PPS) or Host Home Support (HHS) services. Otherwise, Personal Budget Assistance (PBA) is billed using the hourly rate.

PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE (PM1)

General Description:

Professional Medication Monitoring by a Licensed Practical Nurse (PM1) includes hourly one-on-one medication monitoring, testing and nurse services necessary to provide medication management to assure the health and welfare of the person. This service includes regularly scheduled, periodic visits by a nurse in order to conduct an assessment of the person with regard to their health and safety particularly as it is affected by the maintenance medication regimen that has been prescribed by their physician, to review and monitor for the presence and timely completion of necessary laboratory testing related to the medication regimen, and to offer patient instruction and education regarding this medication regimen. Nurses shall also provide assistance to the person by ensuring that all pill-dispensing aids are suitably stocked and refilled, and may provide incidental training to staff on topical matters surrounding general patient care.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC) as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed Contractors shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor shall ensure that professional medication monitoring staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Professional staff must be licensed as applicable according to the Division of Occupational Professional Licensing (DOPL). Specifically, staff providing services under this code must be licensed by DOPL pursuant to Utah Administrative Code R156 and Utah Code Annotated § 58. Licensed Practical Nurses may provide the services described under this code only upon the delegation of and under the supervision of a Registered Nurse, pursuant to Utah Administrative Code R156-31b-703.

Direct Service Requirements:

A. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor shall review a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced; and dosage as determined by a qualified medical professional.

PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE (PM1)

- b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
- c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
- d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

B. Non-psychotropic Medications

1. Non-psychotropic medications are those prescribed or dispensed for reasons other than to affect the way the person thinks, feels or behaves.
2. For persons on non-psychotropic medications, the Contractor shall review physician's orders and medical data sheets maintained as part of each person's personal record that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date on which the medication was commenced or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor.
 - c. A statement of specific symptoms targeted to assess advantages and disadvantages of the prescribed medications.
 - d. Identification of other supports and services that are available and would be useful in the treatment of the targeted symptom and/or any related illness or condition of the person. Such supports or services may include laboratory studies (for example, blood work to check CBC, liver function).

C. General Service Requirements

1. Contractor shall establish a schedule of visitation with the person after consultation with the person's physician as well as the staff and supports the person has available, and the person's family/representative.
2. Services provided under this code shall always include a face-to-face assessment of the person, and particularly, the person's health and welfare status. Assessments shall also focus on the safety and efficacy of any medication the person is prescribed by their physician. An assessment shall be conducted of any benefits that the person is demonstrating as a result of their medication regimen, or the lack thereof, as well as an assessment of any adversities or side-effects that the person is experiencing. Similarly, an assessment shall be conducted of the person's compliance with his/her physician's orders, or lack thereof, as well as any barriers that the nurse identifies for compliance. Such assessments shall occur as a result of observation, discussion and review of records with the staff, and direct examination of the person.
3. The results of this assessment shall be recorded in a note by the nurse which contains: 1) a description of the person's subjective presentation; 2) a description of the objective observations the nurse has made after the examination, review of records and consultation with the staff, supports and the person's family/representative; 3) a description of the assessment made by the nurse of the person's status; and, 4) a plan for the continuing care of the person surrounding his or her health status and medication regimen. A copy of this note shall be maintained by the Contractor and copies shall be furnished to the staff/supports of the setting where the person is receiving services as well as to the person's physician.
4. The contractor shall ensure that all laboratory surveillance ordered by the person's physician is performed as ordered, and shall either collect appropriate samples to complete such surveillance and convey them to the specified laboratory as ordered by the person's physician, or else, the Contractor shall educate the staff/supports of the setting where the person is receiving services of the need for the laboratory surveillance and offer instructions regarding its completion. The contractor shall review the results of previously collected laboratory surveillance studies, and

PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE (PM1)

- shall similarly ensure that the results of studies collected during a current assessment are distributed to the person's physician and maintained in the record of the setting where the person is receiving services.
5. The Contractor shall ensure during each visit that medical equipment, as well as personal medical response devices, the person is provided with are functioning properly and shall arrange for maintenance and repairs as needed. The Contractor shall also ensure that medication dispensing devices and aides are functioning properly and are filled, and shall educate staff/supports of the setting where the person is receiving services of the status, operation and necessary maintenance of any such devices.
6. The Contractor shall educate staff/supports regarding the findings of the assessment, the person's overall health status, as well as the plans for the person's continued health care.
- D. Contractor staff shall review medication errors and determine in consultation with the RN if additional medical professionals should be contacted to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
- a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
- E. Contractor shall notify the guardian within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
- F. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's Individual Support Plan's Action Plan (ISP/AP) based on the person's selected housing arrangement and assessed needs.

Rate:

Payments for professional medication monitoring are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Payments are also not made for transportation of the person to a medical appointment or facility.

PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE (PM2)

General Description:

Professional Medication Monitoring by a Registered Nurse (PM2) includes hourly one-on-one medication monitoring, testing and nurse services necessary to provide medication management to assure the health and welfare of the person. This service includes regularly scheduled, periodic visits by a nurse in order to conduct an assessment of the person with regard to their health and safety particularly as it is affected by the maintenance medication regimen that has been prescribed by their physician, to review and monitor for the presence and timely completion of necessary laboratory testing related to the medication regimen, and to offer patient instruction and education regarding this medication regimen. Nurses shall also provide assistance to the person by ensuring that all pill-dispensing aids are suitably stocked and refilled, and may provide incidental training to staff on topical matters surrounding general patient care.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC) as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor shall ensure that professional medication monitoring staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Professional staff shall be licensed as applicable according to the Division of Occupational Professional Licensing (DOPL). Specifically, staff providing services under this code shall be licensed by DOPL pursuant to Utah Administrative Code R156 and Utah Code Annotated § 58. Registered Nurses may provide all services specified under this service description pursuant to Utah Administrative Code R156-31b-704.

Direct Service Requirements:

A. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor shall contain the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced; and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services

PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE (PM2)

may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

B. Non-psychotropic Medications

1. Non-psychotropic medications are those prescribed or dispensed for reasons other than to affect the way the person thinks, feels or behaves.
2. For persons on non-psychotropic medications, the Contractor shall review physician's orders and medical data sheets maintained as part of each person's personal record that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date on which the medication was commenced or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor.
 - c. A statement of specific symptoms targeted to assess advantages and disadvantages of the prescribed medications.
 - d. Identification of other supports and services that are available and would be useful in the treatment of the targeted symptom and/or any related illness or condition of the person. Such supports or services may include laboratory studies (for example, blood work to check CBC, liver function).

C. General Service Requirements

1. Contractor shall establish a schedule of visitation with the person after consultation with the person's physician as well as the staff and supports the person has available, and the person's family/representative.
 2. Services provided under this code shall always include a face-to-face assessment of the person, and particularly, the person's health and welfare status. Assessments shall also focus on the safety and efficacy of any medication the person is prescribed by their physician. An assessment shall be conducted of any benefits that the person is demonstrating as a result of their medication regimen, or the lack thereof, as well as an assessment of any adversities or side-effects that the person is experiencing. Similarly, an assessment shall be conducted of the person's compliance with his/her physician's orders, or lack thereof, as well as any barriers that the nurse identifies for compliance. Such assessments shall occur as a result of observation, discussion and review of records with the staff, and direct examination of the person.
 3. The results of this assessment shall be recorded in a note by the nurse which contains: 1) a description of the person's subjective presentation; 2) a description of the objective observations the nurse has made after the examination, review of records and consultation with the staff, supports and the person's family/representative; 3) a description of the assessment made by the nurse of the person's status; and, 4) a plan for the continuing care of the person surrounding his/her health status and medication regimen. A copy of this note shall be maintained by the Contractor and copies shall be furnished to the staff/supports of the setting where the person is receiving services as well as to the person's physician.
 4. The Contractor shall ensure that all laboratory surveillance ordered by the person's physician is performed as ordered, and shall either collect appropriate samples to complete such surveillance and convey them to the specified laboratory as ordered by the person's physician, or else, the Contractor shall educate the staff/supports of the setting where the person is receiving services of the need for the laboratory surveillance and offer instructions regarding its completion. The Contractor shall review the results of previously collected laboratory surveillance studies, and shall similarly ensure that the results of studies collected during a current assessment are distributed to the person's physician and maintained in the record of the setting where the person is receiving services.
 5. The Contractor shall ensure during each visit that medical equipment the person is provided with, as well as personal medical response devices, are functioning properly and shall arrange for maintenance and repairs as needed. The Contractor shall also ensure that medication dispensing devices and aides are functioning properly and are filled and shall educate staff/supports of the setting where the person is receiving services of the status, operation and necessary maintenance of any such devices.
 6. The Contractor shall educate staff/supports regarding the findings of the assessment, the person's overall health status, as well as the plans for the person's continued health care.
- D. Contractor staff shall review medication errors and determine in consultation with the RN if additional medical professionals should be contacted to report the discovery of any prescribed medication error, including actual missed

PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE (PM2)

or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.

1. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
- E. Contractor shall notify the guardian within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
- F. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's Individual Support Plan's Action Plan (ISP/AP) based on the person's selected housing arrangement and assessed needs.

Rate:

Payments for professional medication monitoring are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Payments are also not made for transportation of the person to a medical appointment or facility.

PROFESSIONAL PARENT SUPPORTS (PPS)

General Description:

Professional Parent Supports (PPS) provides a home-like setting for children. PPS provides habilitation, supervision, training and assistance in a certified private home or other certified residential setting. PPS may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). PPS services include daily supports to maintain individual health and safety, and assistance with activities of daily life. Services rendered under the PPS service code afford children or youth with exceptional care needs an alternative to institutional settings in order to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities. The following services are included as part of the PPS code and shall not be reimbursed separately:

Chore Services (**CH1, CH2**)
Companion Services (**COM**)
Homemaker Services (**HS1 & HSQ**)

Personal Assistance (**PAC**)
Routine, Non-medical Transportation (**DTP**)

Persons are excluded from receiving the following services for PPS: (Cannot bill for PPS and the codes listed above and below in bold.)

Adult Foster Care (**AFC**)
Community Service Broker (**CSB**)
Consumer Preparation (**PAP**)
Family Support (**FS1**)
Family Training and Preparation Services (**TFA**)
Family and Individual Training and Preparation Services (**TFB**)
Host Home Support (**HHS**)
Residential Habilitation Supports (previous Community Living Support) (**RHS**)
Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)
Respite (**RP1, RP2, RP3, RP4 & RP5,**)
Supported Living (**SLA, SLH & SLN**)

PPS and other support staff are retained and supervised by the Contractor and certified to provide professional parent services. The Contractor is responsible for recruitment, selection, training, and on-going supervision of PPS and other support staff (including identification of wages and work schedules), support and technical assistance to professional parents, documentation, the person's support strategies, and meeting certification, waiver, contract, rule, and statute requirements.

PPS is available through provider-based services only.

Limitations:

Contractor or PPS parent shall not have custody or guardianship of the child. Contractor shall assure that PPS parents only provide services for one (1) or two (2) children per home operated by the Contractor, OR, that the region director in the region where the home operates has provided prior written approval allowing three (3) persons to receive PPS together in the same home. No more than three persons may receive PPS/HHS services together in the same home. PPS parents may not act as a conservator or representative payee with Social Security Administration for children they support in PPS. PPS shall not be used to provide services to persons in the home of a relative or legal guardian.

Population Served:

The Contractor shall serve children under age 22 currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501, UAC (<http://rules.utah.gov/publicat/code/r501/r501.htm>) to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Prior to signing a contract, the Contractor shall be a licensed child placement agency through the DHS/Office of Licensing as detailed in DHS, Office of Licensing Rule R501-7 –1 and 2.
<http://rules.utah.gov/publicat/code/r501/r501.htm>

Contractor shall be under a DHS/DPSD contract to provide PPS and shall be certified by DHS/DSPD.

Contractor shall provide emergency procedures for fire and other disasters and training on evacuation procedures.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD

Administrative Requirements

Policies and Procedures: Contractors shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

1. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD.
2. For residential Contractors, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
3. Govern the handling, storage, disposal and theft prevention of medication.
4. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

PPS and other support staff shall be trained in the Staff Training Requirements as outlined in General Requirements, Home and Community Based Waiver, rule, statute, and contract.

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

PPS and other support staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

Professional Parents shall be at least 21 years old.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to complete the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas one (1) through eight (8) within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six (6) months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person-centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and Data Collection and/or Task Analysis sheet for skill training or other support.
 2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that pertains to the Contractor and ensure the person is involved in its implementation.
 3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.

- 164
165 4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at
166 least annually (within 12 months of the last Person-Centered Process meeting) to review the
167 person's service/support requirements and to make adjustments as necessary based on the
168 person's needs. However, it may meet more often as determined by the person or other members
169 of the team.
170

171 B. Psychotropic Medications

- 172 1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental
173 status, or behavior.
174
175 2. For persons on psychotropic medications, the Contractor shall complete a specific type of Support
176 Strategy referred to as a Psychotropic Medication Plan that contains the following information:
177 a. Identification of the specific medication by its generic or brand name; the date which the
178 medication was commenced on or is to be commenced, and dosage as determined by a
179 qualified medical professional.
180 b. Identification of side effects to monitor. When antipsychotic medications are used,
181 monitoring procedures may utilize standardized assessments instruments such as the
182 Abnormal Involuntary Movement Scale (AIMS).
183 c. A statement of specific behaviors or symptoms targeted to assess advantages and
184 disadvantages of the prescribed psychotropic medications.
185 d. Identification of other support and services that are available and would be useful in the
186 treatment of the targeted behavior or symptom and/or any related illness or condition of
187 the person. Such supports or services may include Behavior Support Plans,
188 psychotherapy or laboratory studies (for example, blood work to check lithium serum,
189 CBC, liver function).
190

191 C. Person's Personal Funds

- 192 1. In the event of an emergency situation, a Contractor may write a check to the person or the person
193 may borrow money from the Contractor. The person's support team shall be notified and grant
194 approval of the Contractor's actions. The Contractor's staff shall document the emergency and
195 the person's support team approval and maintain this documentation in the person's record. The
196 Contractor shall have policies and procedures in place to make sure a person does not
197 continuously owe the Contractor money due to emergency situations.
198
199 2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A
200 person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person
201 write a check to repay a loan made by the Contractor. Contractor shall ensure the person has
202 adequate access to personal finances in order to cover anticipated expenditures. The exceptions to
203 persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for
204 destruction of property by the person, if approved by the team, and allowable by contract, and b)
205 room and board charges.
206
207 3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or
208 give money to a person except in case of an emergency. A person shall not loan or give money to
209 the Contractor's staff or the Contractor itself.
210
211 4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory
212 shall also include other items of significance to the person, which may cost less than \$50.00. The
213 inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall
214 be deleted from the inventory list. Documentation of the reason for the deletion of an item shall
215 be maintained and shall require the signature of the person/representative and one Contractor staff
216 or two Contractor staff if the person/representative is not available. Personal possessions shall be
217 released to the person/representative whenever the person moves.
218

219 D. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the Individual Service Plan, as allowed by the person's Medicaid and insurance plans.
 2. Contractor staff shall assure persons receive training and assistance to:
 - a. Identify primary health care practitioners;
 - b. Obtain dental and physical examinations;
 - c. Safely follow physician orders;
 - d. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and
 - e. Document the frequency, dosage, and type of medication taken.
 3. Person health information including the following:
 - a. A record of all medical and /or dental examinations performed, including assessments, treatments, and prescribed medication(s);
 - b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health;
 - c. Authorization for any emergency medical treatment needed;
 - d. A record of all medication(s) taken by the person;
 - e. A record of all incidents requiring first aid and/or a referral to medical personnel or a health care facility;
 - f. A record of all medication errors; and,
 - g. A record of all accidents or injuries.
 4. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
 5. Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
 6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
 7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.
- E. Health and Nutrition Requirements
1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.
 2. Contractor staff shall assist persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.
- F. Transportation
- Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable and professional judgment.
- The Contractor shall check driver's driving record annually and shall assure that driver's with problematic records are not allowed to continue providing transportation as part of this service. Contractors shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto

insurance. Contractors shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.

G. Access to Community Services

Contractor shall assist the person in obtaining assistance from community and government organizations, including but not limited to finding housing, applying for food stamps and obtaining Social Security benefits, etc. Contractor shall also collaborate with applicable school, child welfare, and other agencies/individuals involved in the child's care.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs. The support coordinator identifies the total hours of direct support needed by the person and the Contractor determines how to split the total hours between the professional parent and other direct support staff as well as other business related matters surrounding the performance of the contract provided that these decisions conform with DHS policies and procedures pertaining to contracts.

Rate:

PPS is paid as a daily rate. PPS can include up to 24-hour direct care staff support. Generally, however, PPS services are provided for 24-hours a day on holidays and weekends and for 18-hours per day on days when the child is in school, at work or in other daytime supports. Additional services to support a child during the summer school recess or during off-track school periods are purchased under extended living (ELS) or day service codes. Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).

RESIDENTIAL HABILITATION INTENSIVE (RHI FORMERLY CLI)

General Description:

Residential Habilitation Intensive (RHI) is a residential service designed to assist a person with the most dangerous and pervasive maladaptive behaviors. These are persons with exceptional care needs who's service, as a result, entails additional expenses such as increased staff wages, staff recruitment, increased staff injuries Workers' Compensation expenses, environmental modifications for increased safety for the person, additional administrative oversight due to the intensity of the person receiving services, and enhanced staff training.

RHI services support the person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing, based on the goal for community living contained in the person's support plan, and to avoid isolation in their homes or communities. RHI provides support, supervision, training and assistance for people to live in licensed and/or certified residential settings. The person's support plan identifies the type, frequency, and amount of support required by the person based on the person's requirements. RHI may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). RHI services include daily supports to maintain individual health and safety, and assistance with activities. Services give persons with disabilities an alternative to institutional or other community living settings. The person's support plan identifies the type, frequency, and amount of support required by the person based on their requirements. Supports can include up to 24 hours of supervision but the actual hours of direct care staff support will be indicated in the person's budget worksheet. The RHI worksheet contains the authorized rates for each person. RHI is available to those who live alone or with roommates. RHI includes maintenance of a person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing. The following services are included as part of the RHI code and will not be reimbursed separately:

Chore Services (**CH1, CH2**)

Companion Services (**COM**)

Homemaker Services (**HS1 & HSQ**)

Personal Assistance (**PAC**)

Routine, Non-medical Transportation (**DTP**)

Persons are excluded from receiving the following services and RHI: (Cannot bill for RHI and the codes listed above and below in bold)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Training and Preparation Services (**TFA**)

Family and Individual Training and Preparation Services (**TFB**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Support (previous Community Living Support) (**RHS**)

Respite (**RP1, RP2, RP3, RP4 & RP5,**)

Supported Living (**SLA, SLH & SLN**)

Family Training and Preparation Services (TFA) and Family and Individual Training and Preparation Services (TFB) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

Limitations:

RHI is available only to those persons approved by the region director or other division designee as the most difficult to serve across the region. A Contractor who wish to begin or continue RHI services must submit the DHS/DSPD form titled, "RHI Request and Evaluation," to the region director annually by March 31st.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), as defined in Utah Administrative Code R539-1.
[http://rules.utah.gov/publicat/code/r539/r539.htm]

Contractor's Qualifications:

Contractor must have all applicable licenses or certifications as prescribed in Utah Administrative Code R501 http://rules.utah.gov/publicat/code/r501/r501.htm to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under a DHS/DPSD contract to provide RHI and certified by DHS/DSPD.

Contractor must assure that staff providing services for people receiving RHI services receive some additional training, competency testing, salary, or other benefit above and beyond staff who provide Residential Habilitation Support (RHS). Such training or competency shall be related to best practices for working with a person who exhibits dangerous and/or pervasive maladaptive behaviors.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Contractor shall assure the presence of staff at each licensed site who is responsible for supervision of the day to day operations of the site and for operation of the program.

Administrative Requirements

A. **Policies and Procedures:** Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

- a. Establish the amount of time family or friends may stay as overnight guests
- b. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD
- c. For residential Contractor, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
- d. Govern the handling, storage, disposal and theft prevention of medication
- e. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

Staff shall demonstrate competency in providing RHI services, as determined by the Contractor. In addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

RHI staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Contractor's staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

RHI staff shall be at least 18 years of age.

Specific Staff Training

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas one (1) through eight (8) within 30 days of employment or before working alone with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six (6) months of employment. Staff competency may be validated through Center for Medicaid Services Waiver service reviews, Department of Health reviews, and DHS/DSPD staff reviews.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreation and leisure activities.
12. Basic concepts of good nutrition.

Staff providing services for people receiving RHI services shall receive additional training, competency testing, salary, or other benefit above and beyond staff who provide Residential Habilitation Support (RHS). Such training or competency shall be related to best practices for working with a person who exhibits dangerous and/or pervasive maladaptive behaviors.

RHI staff must pass a BCI background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record (<http://rules.utah.gov/publicat/code/r501/r501-14.htm>).

RHI staff must be at least 18 years old.

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These shall include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and Data Collection and/or Task Analysis sheet for skill training or other support.
2. Once the ISP/AP has been developed, the Contractor must orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.
3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor will complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

C. Person's Personal Funds

1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team must be notified and grant approval of the Contractor's actions. The Contractor's staff must document the emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.

- 214
- 215 2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A
- 216 person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person
- 217 write a check to repay a loan made by the Contractor. Contractor shall ensure the person has
- 218 adequate access to personal finances in order to cover anticipated expenditures. The exceptions to
- 219 persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for
- 220 destruction of property by the person, if approved by the team, and allowable by contract; and, b)
- 221 room and board charges.
- 222
- 223 3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or
- 224 give money to a person except in case of an emergency. A person shall not loan or give money to
- 225 the Contractor's staff or the Contractor itself.
- 226
- 227 4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory
- 228 shall also include other items of significance to the person, which may cost less than \$50.00. The
- 229 inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall
- 230 be deleted from the inventory list. Documentation of the reason for the deletion of an item shall
- 231 be maintained and shall require the signature of the person/representative and one (1) Contractor
- 232 staff or two (2) Contractor staff if the person/representative is not available. Personal possessions
- 233 shall be released to the person/representative whenever the person moves.
- 234

235 D. Health and Safety Requirements

- 236 1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and
- 237 acute medical, dental, psychiatric, or other health-related services, as outlined in the Person
- 238 Service Plan, as allowed by the person's Medicaid and insurance plans.
- 239
- 240 2. Contractor staff shall assure persons receive training and assistance to:
- 241 a. Identify primary health care practitioners;
- 242 b. Obtain dental and physical examinations;
- 243 c. Safely follow physician orders;
- 244 d. Know what prescribed medication is for, if the medication is the right dose, if the
- 245 medication is taken properly, and know if the medication is taken according to the schedule
- 246 prescribed by the person's physician; and,
- 247 e. Document the frequency, dosage, and type of medication taken.
- 248
- 249 3. Person health information including the following:
- 250 a. A record of all medical and /or dental examinations performed, including assessments,
- 251 treatments, and prescribed medication(s);
- 252 b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant
- 253 changes in health;
- 254 c. Authorization for any emergency medical treatment needed;
- 255 d. A record of all medication(s) taken by the person;
- 256 e. A record of all incidents requiring first aid and/or a referral to medical personnel or a
- 257 health care facility;
- 258 f. A record of all medication errors; and,
- 259 g. A record of all accidents or injuries.
- 260
- 261
- 262 4. Medications shall be properly stored according to the person's needs and capabilities, as
- 263 determined by the team.
- 264
- 265 5. Contractor staff shall immediately contact the appropriate medical professional to report the
- 266 discovery of any prescribed medication error, including actual missed or suspected missed
- 267 dosage, misadministration of medication, medication administered at the wrong time, or failure to
- 268 follow laboratory survey schedule, etc.

- 269 a. Any medication errors that occur shall be documented in the person's file and reported to
270 the Support Coordinator and Contractor Director or designee.
271
- 272 6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the
273 development of a medical issue for any person, such as illness requiring medical appointments or
274 an emergency room visit. This does not include medical appointments for general health check-
275 ups.
276
- 277 7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record
278 and disclosed to the person's primary physician.
279
- 280 E. Health and Nutrition Requirements
- 281 1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen
282 privileges may be limited if approved by the Human Rights Committee, in the interest of
283 the person's health.
284
- 285 2. Contractor staff shall assist persons in planning meals to meet basic nutritional
286 standards, special diets, food preferences, customs, and appetites.
287
- 288 F. Transportation
- 289 1. Contractor shall provide routine transportation to shopping and other community activities, based
290 on the Contractor's and team's reasonable, professional judgment.
291
- 292 2. The Contractor shall check driver's driving record annually and shall assure that drivers with
293 problematic records are not allowed to continue providing transportation as part of this service.
294 Contractors shall check annually that drivers providing transportation in their personal vehicles
295 have current/adequate auto insurance. Contractors shall keep documentation of this review and
296 copies of the driver's record and auto insurance in the employee's file.
297
- 298 Drivers make certain that:
- 299
- 300 1. Persons are not left unattended in the vehicle.
301
- 302 2. Persons use seat belts and remain seated while the vehicle is in motion.
303
- 304 3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the
305 driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate
306 the lift.
307
- 308 4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs
309 during travel.
310
- 311 5. Persons are transported in safety restraint seats when required by Utah State law.
312
- 313 6. Vehicles used for transporting persons have working door locks. Doors are locked at all times
314 while the vehicle is moving.
315
- 316 7. Persons arrive safely at the scheduled time and arranged destination, that no person is left alone
317 along the way to or from day supports even in emergency situations or when the health and safety
318 of others may be in question. If necessary during an emergency, the driver may wait until another
319 driver arrives to complete the transport.
320
- 321 G. Access to Community Services
- 322 1. Contractor shall assist the person in accessing community services and resources, including but
323 not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.
324
325

Staff Support:

RHI can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Rate:

RHI is paid as a daily rate. RHI can include up to 24-hour direct care staff support. Generally, however, RHI is provided for up to 24-hours a day on holidays and weekends and for 18-hours per day on days when the person is in school, at work or receiving other daytime supports. Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).

RESIDENTIAL HABILITATION SUPPORTS (RHS FORMERLY CLS)

General Description:

Residential Habilitation Supports (RHS) is a residential service designed to assist a person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing based on the goal for community living contained in the person's support plan, and to avoid isolation in their homes or communities. RHS provides support, supervision, training and assistance for people to live in licensed and/or certified residential settings. RHS may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). RHS services include daily supports to maintain the person's health and safety, and assistance with activities. Services give persons with disabilities an alternative to institutional or other community living settings. The person's support plan identifies the type, frequency, and amount of support required by the person based on their requirements. Supports can include up to 24 hours of supervision, but the actual hours of direct care staff support shall be indicated in the person's budget worksheet. The RHS worksheet contains the authorized rates for each person. RHS is available to those persons who live alone or with roommates. RHS includes maintenance of a person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing. The following services are included as part of the RHS code and shall not be reimbursed separately:

Chore Services (**CH1, CH2**)

22 Personal Assistance (**PAC**)

Companion Services (**COM**)

23 Routine, Non-medical Transportation (**DTP**)

Homemaker Services (**HS1 & HSQ**)

Persons are excluded from receiving the following services and RHS: (Cannot bill for RHS and the codes listed above and below in bold)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Training and Preparation Services (**TFA**)

Family and Individual Training and Preparation Services (**TFB**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)

Respite (**RP1, RP2, RP3, RP4 & RP5**)

Supported Living (**SLA, SLH & SLN**)

Family Training and Preparation Services (TFA) and Family and Individual Training and Preparation Services (TFB) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and adults age 18 and older with acquired brain injury, as defined in Utah Administrative Rule R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by

DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under a DHS/DPSD contract to provide RHS and shall be certified by DHS/DSPD.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Contractor under license with DHS, Office of Licensing shall assure the presence of at least one (1) staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractor shall assure the presence of staff at each licensed site that is responsible for supervision of the day-to-day operations of the site and for operation of the program.

Administrative Requirements

Policies and Procedures: Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

- a. Establish the amount of time family or friends may stay as overnight guests.
- b. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD.
- c. For residential providers, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
- d. Govern the handling, storage, disposal and theft prevention of medication.
- e. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

Staff shall demonstrate competency in providing RHS services, as determined by the Contractor. In addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

RHS staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

RHS staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas one (1) through eight (8) within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six (6) months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractors and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the family's perspective on the brain injury.

RHS staff shall be at least 18 years old.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Action Plan, Psychotropic Med Plan, Staff Instruction sheet, and data collection and/or Task Analysis sheet for skill training or other support.

2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.
3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor shall complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

C. Person's Personal Funds

1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team shall be notified and grant approval of the Contractor's actions. The Contractor's staff shall document the emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.
2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract, and b) room and board charges.
3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The

inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one (1) Contractor staff or two (2) Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

D. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the Person Service Plan, as allowed by the person's Medicaid and insurance plans.
2. Contractor staff shall assure persons receive training and assistance to:
 - a. Identify primary health care practitioners; and
 - b. Obtain dental and physical examinations;
 - c. Safely follow physician orders;
 - e. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
 - d. Document the frequency, dosage, and type of medication taken.
3. Person health information including the following:
 - a. A record of all medical and /or dental examinations performed, including assessments, treatments, and prescribed medication(s),
 - b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health,
 - c. Authorization for any emergency medical treatment needed,
 - d. A record of all medication(s) taken by the person,
 - e. A record of all incidents requiring first aid and/or a referral to medical personnel or a health care facility,
 - f. A record of all medication errors,
 - g. A record of all accidents or injuries,
4. Medications shall be properly stored according to the person's needs and capabilities, as determined by the Team.
5. Contractor's staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

E. Health and Nutrition Requirements

1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.

- 269 2. Contractor staff shall assist persons in planning meals to meet basic nutritional
270 standards, special diets, food preferences, customs, and appetites.
271

272 F. Transportation

273 Contractor shall provide routine transportation to shopping and other community activities, based on the
274 Contractor's and team's reasonable, professional judgment.
275

276 The Contractor shall check driver's driving record annually and shall assure that driver's with problematic
277 records are not allowed to continue providing transportation as part of this service. Contractors shall check
278 annually that drivers providing transportation in their personal vehicles have current/adequate auto
279 insurance. Contractors shall keep documentation of this review and copies of the driver's record and auto
280 insurance in the employee's file.
281

282 Driver's make certain that:
283

- 284 1. Persons are not left unattended in the vehicle.
285
286 2. Persons use seat belts and remain seated while the vehicle is in motion.
287
288 3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the
289 driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate
290 the lift.
291
292 4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs
293 during travel.
294
295 5. Persons are transported in safety restraint seats when required by Utah State law.
296
297 6. Vehicles used for transporting persons have working door locks. Doors are locked at all times
298 while the vehicle is moving.
299
300 7. Persons arrive safely at the scheduled time and arranged destination, that no person is left alone along
301 the way to or from day supports even in emergency situations or when the health and safety of others
302 may be in question. If necessary during an emergency, the driver may wait until another driver
303 arrives to complete the transport.
304

305 G. Access to Community Services

- 306 1. Contractor shall assist the person in accessing community services and resources, including
307 but not limited to finding housing, applying for food stamps, obtaining Social Security benefits,
308 etc.
309

310 Staff Support:

311 RHS can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff
312 support, and other community living supports shall be defined in the person's ISP/AP based on the person's
313 selected housing arrangement and assessed needs.
314

315 Rate:

316 RHS is paid as a daily rate. RHS can include up to 24-hour direct care staff support. Generally, however,
317 RHS is provided for up to 24-hours a day on holidays and weekends and for 18-hours per day on days when
318 the person is in school, at work or receiving other daytime supports. Payments for residential services are not
319 made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs
320 costs are covered through personal income such as Social Security and other income (SSA, SSI,
321 employment).
322

ROUTINE RESPITE WITHOUT ROOM AND BOARD (RP2)

General Description:

Routine Respite without room and board (RP2) provides hourly and daily one-on-one and group routine respite care to give relief to, or during the absence of, the normal caregiver. RP2 does not include payment for room and board and is provided in the person's residence or other approved residential setting. This service may be provided in a facility-based program approved by DHS/DSPD or in the private residence of the RP2 provider, provided that it is rendered for a period of less than 6 hours per day.

Limitations:

The provision of RP2 in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the person/family and the person/family's preference. This code does not include payments for room and board.

In no case will more than four persons in home settings be served by the Contractor at any time, including the provider's own minor children under the age of 14 in the case of services rendered in a provider's home for less than 6 hours per day. If this service is rendered in a facility based setting for less than 6 hours per day, no more than 6 persons per staff member shall be served at any one time.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm>

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education and training must be completed before the delivery of any supports to persons and before performing any work for persons without supervision.

The Contractor must ensure that Respite staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff rendering services under this code must be at least 18 years of age.

ROUTINE RESPITE WITHOUT ROOM AND BOARD (RP2)

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Competency for RP2 staff may include knowing where to find information or who to contact in case of a question or unusual event.

1. Medication competency:
 - a. Identification of medications and medication side effects specific to the person; and,
 - b. Recording and documentation of self-administration of medications.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Preferences and non-negotiable routines specific to the person.
7. Significant functional limitations and disabling conditions specific to the person.
8. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the person to the portion of the plan that pertains to the Contractor and ensure the person is involved in its implementation.

ROUTINE RESPITE WITHOUT ROOM AND BOARD (RP2)

3. Contractor shall submit Monthly Summaries to DHS/DSPD.

4. When RP2 services are delivered to a person on a continuing basis, the Contractor, as a member of the person's Team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Contractor shall serve no more than four persons per staff at any time for services rendered within the person's home or other approved residential setting. For services rendered within a provider's home for periods of less than six hours per day, Contractor shall serve no more than four persons at any one time including the provider's own minor children under the age of 14. If services are rendered in a facility-based setting for periods of less than 6 hours, then the Contractor shall serve no more than 6 persons per staff member at any one time.

Rate:

RP2 includes a daily and hourly rate. RP2 does not include payment for room and board. RP2 does not include payment for exceptional needs care. RP2 day rate equals six hours or more of respite services. Services rendered in a facility based setting or in the private residence of the RP2 contractor for a period of 6 hours or more (including overnight services) should be billed using the Routine Respite with Room and Board included (RP4) service code.

For overnight stays in the person's residence or approved residential setting, a Contractor may bill for the day the Contractor came and not the day the Contractor left if the Contractor is there less than 6 hours. The person must have a full six hours stay to qualify for a daily rate, i.e. five hours = quarter hour rate, six hours or more = daily rate, 24 hours overnight = one daily rate, 25 hours = one daily rate and four quarter hours, 30 hours = two days of daily rate.

Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the person and the Contractor is not responsible to provide these accommodations.

EXCEPTIONAL CARE RESPITE WITHOUT ROOM AND BOARD (RP3)

General Description:

Exceptional Care Respite without room and board (RP3) provides respite for persons with exceptional medical or behavioral needs. Exceptional Care Respite without room and board provides one-on-one and group hourly, and daily care to give relief to, or during the absence of, the normal caregiver. RP3 provides services for persons who may require specialized equipment. Services may be provided in the person's residence or approved residential setting. Additionally, services provided under this service description may be rendered in a facility-based program approved by DHS/DSPD or in the private residence of the RP3 provider, provided that services are rendered for periods of less than six hours per day. However, services provided under this service description shall, in no case, include payment for room or board regardless of where the service is rendered.

Services are available through Provider-based services.

Limitations:

The provision of RP3 in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the person/family and the person/family's preference. This code does not include payments for room and board.

In no case will more than four persons in home settings be served by the Contractor at any time, including the provider's own minor children under the age of 14 in the case of services rendered in a provider's home for less than 6 hours per day. If this service is rendered in a facility based setting for less than 6 hours per day, no more than 6 persons per staff member shall be served at any one time.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm>

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education and training must be completed before the delivery of any supports to persons and before performing any work for persons without supervision.

The Contractor must ensure that Respite staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff rendering services under this service description shall be at least 18 years of age.

EXCEPTIONAL CARE RESPITE WITHOUT ROOM AND BOARD (RP3)

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Competency for RP3 staff may include knowing where to find information or who to contact in case of a question or unusual event.

1. Medication competency:
 - a. Identification of medications and medication side effects specific to the person; and,
 - b. Recording and documentation of self-administration of medications
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Preferences and non-negotiable routines specific to the person.
7. Significant functional limitations and disabling conditions specific to the person.
8. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the family's perspective on the brain injury.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to the portion of the plan that pertains to the Contractor and ensure the person is involved in its implementation.
 3. Contractor shall submit Monthly Summaries to DHS/DSPD.

EXCEPTIONAL CARE RESPITE WITHOUT ROOM AND BOARD (RP3)

4. When RP3 services are delivered to a person on a continuing basis, the Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the ISP/AP. The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to the portion of the plan that pertains to the contractor and ensure that the person is involved in its implementation.
 3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.
- B. Certain medical services are limited as to the Contractor's skill level and professional licensure. The specialized respite Contractor will be trained in DHS/DSPD approved behavior management techniques and crisis management services.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Contractor shall serve no more than four persons per staff at any time for services rendered within the person's home or other approved residential setting. For services rendered within a provider's home for periods of less than six hours per day Contractor shall serve no more than four persons at any one time including the provider's own minor children under the age of 14. If services are rendered in a facility-based setting for periods of less than 6 hours, then the Contractor shall serve no more than 6 persons per staff member at any one time.

Rate:

RP3 does not include payment for room and board charges. RP3 includes payment for exceptional care needs. RP3 includes an hourly and daily rate. RP3 day rate is equal to six hours or more of respite services rendered in the person's home. Services rendered in a facility based setting or in the private residence of the RP3 contractor for a period of 6 hours or more (including overnight services) should be billed using the Exceptional Care Respite with Room and Board included (RP5) service code.

For overnight stays in the person's residence or approved residential setting, a Contractor may bill for the day the Contractor came and not the day the Contractor left if the Contractor is there less than 6 hours. The Contractor must have a full six hours stay to qualify for a daily rate, i.e. five hours = quarter hour rate, six hours or more = daily rate, 24 hours overnight = one daily rate, 25 hours = one daily rate and four quarter hours, 30 hours = two days of daily rate.

Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the person and the Contractor is not responsible to provide these accommodations.

ROUTINE RESPITE WITH ROOM AND BOARD INCLUDED (RP4)

General Description:

Routine Respite with Room and Board included (RP4) provides one-on-one and group daily and overnight care to give relief to, or during the absence of, the normal caregiver. RP4 is always provided in a facility-based program approved by DHS/DSPD or in the private residence of the RP4 provider and is never provided in the consumer's home. RP4 includes payment for room and board.

Services are available through Provider-based services.

Limitations:

The provision of RP4 in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the person/family and the person/family's preference. This code does include payments for room and board when provided as part of respite care in a facility approved by the State that is not the person's private residence, though it is generally used to provide services in the home or private residence of the provider.

In no case will more than four persons be served in a provider's home setting including the provider's own minor children under the age of 14; nor will more than six persons per staff member be served in facility-based settings.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm>

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor must ensure that the Respite staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff rendering services under this service description shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to

RP4

ROUTINE RESPITE WITH ROOM AND BOARD INCLUDED (RP4)

perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Competency for RP4 staff may include knowing where to find information or who to contact in case of a question or unusual event.

1. Medication competency:
 - a. Identification of medications and medication side effects specific to the person; and,
 - b. Recording and documentation of self-administration of medications
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Preferences and non-negotiable routines specific to the person.
7. Significant functional limitations and disabling conditions specific to the person.
8. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the family's perspective on the brain injury.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction Sheet, Data Collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to the portion of the plan that pertains to the Contractor and ensure the person is involved in its implementation.
 3. Contractor shall submit Monthly Summaries to DHS/DSPD.
 4. If RP4 services are rendered on a continuing basis to the person, the Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make

ROUTINE RESPITE WITH ROOM AND BOARD INCLUDED (RP4)

adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Contractor providing this service within providers' homes shall serve no more than four persons per staff at any one time including the provider's own minor children under the age of 14. Services provided in a facility based setting shall serve no more than 6 persons per staff member at any one time.

Rate:

RP4 includes payment for room and board charges. RP4 includes payment for routine respite services. RP4 does not include payment for exceptional care needs. RP4 includes daily rate only.

RP4 day rate is equal to six hours or more of respite services. For overnight stays, a Contractor may bill for the day the person came and not the day the person left if the person is there less than 6 hours. The person must have a full six hours stay to qualify for a daily rate.

Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the person and the Contractor is not responsible to provide these accommodations.

EXCEPTIONAL CARE RESPITE WITH ROOM AND BOARD INCLUDED (RP5)

General Description:

Exceptional Care Respite with Room and Board included for persons with exceptional medical or behavioral needs (RP5) provides one-on-one and group daily and overnight care to give relief to, or during the absence of, the normal caregiver. RP5 is usually provided in a facility-based program approved by DHS/DSPD but may be provided in the private residence of the RP5 provider and is never provided in the person's home. RP5 includes payment for room and board. RP5 provides services for persons with exceptional medical or behavioral care needs, or who may require specialized equipment.

Services are available through Provider-Based Services.

Limitations:

The provision of RP5 in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the person/family and the person/family's preference. This code does include payments for room and board when provided as part of respite care in a facility approved by the State that is not the person's private residence.

In no case will more than four persons be served in a provider's home setting including the provider's own minor children under the age of 14; nor will more than six persons per staff member be served in facility-based settings.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm>

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor must ensure that Respite staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Competency for RP4 staff may include knowing where to find information or who to contact in case of a question or unusual event.

EXCEPTIONAL CARE RESPITE WITH ROOM AND BOARD INCLUDED (RP5)

1. Medication competency:
 - a. Identification of medications and medication side effects specific to the person, and
 - b. Recording and documentation of self-administration of medications,
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Preferences and non-negotiable routines specific to the person.
7. Significant functional limitations and disabling conditions specific to the person.
8. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to the portion of the plan that pertains to the Contractor and ensure the person is involved in its implementation.
 3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 4. The Contractor, as a member of the person's Team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.
- B. Certain medical services are limited as to the Contractor's skill level and professional licensure. The specialized respite Contractor will be trained in DHS/DSPD approved behavior management techniques and crisis management services.

EXCEPTIONAL CARE RESPITE WITH ROOM AND BOARD INCLUDED (RP5)

Staff Support:

RP5 staff shall have expertise in provision of care to persons with exceptional medical and/or behavior issues. Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Contractor shall serve no more than four persons at any one time including the provider's own minor children under the age of 14, in the case of services provided in the provider's home setting. Services provided in a facility based setting shall serve no more than 6 persons per staff member at any one time.

Rate:

RP5 includes payment for room and board charges. RP5 includes payment for exceptional care needs. RP5 includes a daily rate only.

RP5 day rate is for 6 hours or more of respite services. For overnight stays, a Contractor may bill for the day the person came and not the day the person left if the person is there less than 6 hours. The person must have a full 6 hours stay to qualify for a daily rate.

Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the person and the Contractor is not responsible to provide these accommodations.

RESPITE SESSION (RPS)

General Description:

RPS provides care rendered as a session to relieve, or during the absence of, the normal caregiver. The service is furnished to a covered individual on a short term basis in a facility or other approved community based program and is not the person's or immediate family's normal place of residence. RPS is intended for care offered through an approved facility, temporary care facility, overnight camp, summer programs, or a facility providing group respite other than the private residence of the Contractor or the person.

RPS is available through Provider-based services.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

Contractor must be enrolled as an approved Individual Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training must be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor must ensure that Respite staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's Individual Support Plan's Action Plan (ISP/AP) based on the person's assessed needs.

Limitations:

In no case will services provided and billed under this service description be provided in the private home or residence of either the Contractor or the person.

Rate:

RPS is provided as a session, up to one week, or as defined in the person's ISP/AP.

SUPPORTED EMPLOYMENT CO-WORKER (SEC)

General Description:

Supported Employment Co-Worker (SEC) services support persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Only SEI contractors can access SEC funding. SEI contractors arrange with business to provide a co-worker as an additional support to the person under the direction of a SEI job coach and as a natural extension of the workday. Employment that occurs as a part of SEC services can be on a full or part-time basis, during traditional or non-traditional workdays, and in settings where the person is afforded the opportunity to work with others the majority of whom are without disabilities. Supports may occur anytime during a 24-hour day.

Limitations:

Payments will only be made for adaptations, supervision, and training required by a person as a result of the person's disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation will be maintained that SEC services rendered on the waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended <http://www.access-board.gov/enforcement/Rehab-Act-text/intro.htm> or the Individuals with Disabilities Education Act http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108.

Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1. [<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

All of the requirements that apply under SEI shall apply to the job coach and contractor administering SEC.

Record Keeping:

Contractor of SEC shall keep a record that documents the pass through of funds and co-worker supports received by the person.

Rate:

SEC is an hourly rate that reimburses the employer and co-worker through by pass through and administration of the SEI staff and contractor.

SUPPORTED EMPLOYMENT IN A GROUP (SED)

General Description:

Supported Employment in a Group (SED) supports work groups made up of between two to eight people in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Work groups are trained and supervised amongst employees who are not disabled at the host company or at self-contained business locations. SED is provided under the direction of a job coach. SED employment can be on a full or part time basis, during traditional or non-traditional workdays, and in settings where the person is afforded the opportunity to work with others the majority of whom are without disabilities. SED may occur anytime during a 24-hour day.

Limitations:

Payments will only be made for adaptations, supervision, and training required by an person as a result of the person's disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation will be maintained that SED services rendered un the waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended,

<http://www.access-board.gov/enforcement/Rehab-Act-text/intro.htm>
or the Individuals with Disabilities Education Act. http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1.
[<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501
<http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code Section 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

The Contractor must ensure that the Supported Employment staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Wages paid to persons receiving Supported Employment services shall be commensurate for other employees performing similar labor. If the Contractor pays a person less than the minimum wage, the contractor must have a Certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage.
[<http://www.dol.gov/esa/whd/flsa/index.htm>]

Contractor shall be under DHS, DSPD contract to provide Supported Employment services..

SUPPORTED EMPLOYMENT IN A GROUP (SED)

Staff Qualifications:

Staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition, all applicable education, and training must be completed before performing any work for persons without supervision.

The Contractor must ensure that the Supported Employment and other support staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff rendering services under this code must be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions (MR.RC) and acquired brain injury (ABI).

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 13 within 6 months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.

SUPPORTED EMPLOYMENT IN A GROUP (SED)

11. How to develop and support the person's preferred work activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the Family's perspective on the brain injury.
13. Demonstrated competency in the SLCC Employment Specialist Training or other DHS/DSPD approved Supported Employment Training Program.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, Contractor must orient the person to that part of the plan that pertains to this service and ensure the person is involved in its implementation.
 3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 4. If the service is continuous, the Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.
- B. **Vocational Assessments:** Contractor shall determine skills, interests, or behavior of persons before employment or for the re-placement of employment. Services may be provided at an approved facility or an employment site.
- C. **Job Development:** Contractor shall conduct job development activities, including locating potential employers in the community; introducing the person to specific employers; conducting job analysis; arranging for certification; and other such activities that will enhance job development and placement opportunities. All activities must be on behalf of the person.
- D. **Pre-placement:** Contractor may bill for time spent with, or on behalf of a person in an effort to effect enclave/mobile work crew employment for the person. If an activity on the part of the

SUPPORTED EMPLOYMENT IN A GROUP (SED)

Contractor cannot be directly related to efforts to secure enclave/mobile work crew employment for a specific person, that activity will be ineligible for reimbursement under the SED service code.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Record Keeping:

SED services must be documented by attendance records and time sheets.

Rate:

SED pays a daily rate for groups of 2 to 8 people to work together under the direction of a job coach.

Supported Employment-Self Employment

General Description:

Supported Employment Enterprise (SEE) provides hourly and daily one-on-one support for persons who are working in competitively to establish, maintain, and advance their self-employment in a business enterprises of their creation. SEE can be full or part-time and may occur in a variety of settings but is not intended to occur in a facility setting. SEE staff assist the person to create a business plan, conduct a market analysis, obtain business financing, implement the business and manage the business finances. Supports may occur anytime during a 24-hour day and include training, instruction and coaching. The following is the essence of customized employment service.

Limitations: Payments will only be made for adaptations, supervision, and training required by an person as a result of the person's disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation will be maintained that SEE services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 as amended [<http://www.access-board.gov/enforcement/Rehab-Act-text/intro.htm>] or the Persons with Disabilities Education Act. Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and acquired brain injury, as defined in Utah Administrative Code R539-1. [<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code Section 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

The Contractor must ensure that the Supported Employment staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Wages paid to persons receiving Supported Employment services shall be commensurate for other employees performing similar labor. If the Contractor pays a person less than the minimum wage, the contractor must have a Certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>]

Contractor shall be under DHS, DSPD contract to provide Supported Employment services..

Staff Qualifications:

Staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition, all applicable education, and training must be completed before performing any work for persons without supervision.

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the BCI results in the staff record. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>

Supported Employment-Self Employment

All staff rendering services under this code must be at least 18 years of age.

Professional Staff must be licensed to provide specific services, as applicable, according to the Division of Occupational and Professional Licensing. <http://www.le.state.ut.us/~code/TITLE58/TITLE58.htm>

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the ISP's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.

2. Once the ISP/AP has been developed, the person and the Support Coordinator must orient the Contractor to that part of the plan that pertains to this service and ensure the person is involved in its implementation.

3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.

4. If the service is continuous, the Contractor, as a member of the person's Team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Vocational Assessments: Contractor shall determine skills, interests, or behavior of persons before self-employment or for the re-placement of self-employment. Services may be provided at an approved facility or an employment site.

C. Business Enterprise Development: Contractor shall assist the person to conduct business enterprise development activities, including locating potential customers in the community; introducing the person to specific customers; conducting business development and market analyses; arranging for certification and other such activities that will enhance business enterprise development and creation opportunities, and assisting the person with the creation of a business plan. Contractor will also work with the person surrounding obtaining financing for the business and the creation of financial management and accounting systems. All activities must be on behalf of the person. It is expected that the person will normally be directly involved with each of these activities.

D. Pre-placement: Contractor may bill for time spent with, or on behalf of a person in an effort to effect self-employment for the person. If an activity on the part of the Contractor cannot be directly related to efforts to secure self-employment for a specific person, that activity will be ineligible for reimbursement under the SEE service code.

Staff Support:

Actual type, frequency and duration of direct care staff support will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Supported Employment-Self Employment

104 **Rate:**

105 SEE has an hourly and daily rate. The hourly rate is determined by the person's individual needs as
106 specified in the person's Individual Support Plan and budget. The daily rate is negotiated based upon the
107 number of hours of daily support required to maintain an existing job when the person requires more than
108 1 hour of ongoing support per day.
109

SUPPORTED EMPLOYMENT FOR AN INDIVIDUAL (SEI)

General Description:

Supported Employment for an Individual (SEI) (combines SEA and SEB) provides ongoing one-on-one hourly and daily supports to persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Employment that occurs as a part of SEI services can be on a full or part time basis, during traditional or non-traditional workdays, and in settings where the person is afforded the opportunity to work with others, the majority of who are without disabilities. Supports may occur anytime during a 24-hour day. Persons are compensated at a wage commensurate with their level of training and development, and are always compensated at rates consistent with Federal vocational rehabilitation policies and regulations contained within the Fair Labor Standards Act. <http://www.dol.gov/esa/whd/flsa/index.htm>. The nature of the person's employment and services rendered under this code are always consistent with the strengths, weaknesses and goals indicated in his/her Individual Support Plan (ISP).

SEI is available through Provider-based services.

Limitations:

Payments will only be made for adaptations, supervision, and training required by a person as a result of the person's disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation will be maintained that SEI services rendered in the waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, <http://www.access-board.gov/enforcement/Rehab-Act-text/intro.htm>; or the Individuals with Disabilities Education Act. Please refer to http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm>

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. A non-licensed contractor must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.

The Contractor must ensure that the Supported Employment staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract. Wages paid by employers or the Contractor to persons receiving Supported Employment services shall be commensurate to that paid to other employees performing similar labor. If the employer or the Contractor pays a person less than minimum wage, the employer or the Contractor (depending on which entity actually pays the person) must have a Certificate pursuant to Section 14 (C) of the Fair Labor Standards Act from the Federal Department of Labor permitting payment of a sub-minimum wage. [<http://www.dol.gov/esa/whd/flsa/index.htm>].

SUPPORTED EMPLOYMENT FOR AN INDIVIDUAL (SEI)

Contractor shall be under DHS/DSPD contract to provide Supported Employment services.

Staff Qualifications:

Staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education and training must be completed before performing any work for persons without supervision.

The Contractor must ensure that the Supported Employment and other support staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff rendering services under this code must be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 13 within 6 months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects;
 - b. Identification of medications and medication side effects specific to the person;
 - c. Recording and documentation of self-administration of medications; and,
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.

SUPPORTED EMPLOYMENT FOR AN INDIVIDUAL (SEI)

11. How to develop and support the person's preferred work activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the ISP's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to that part of the plan that pertains to this service and ensure the person is involved in its implementation.
 3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 4. If the service is continuous, the Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.
- B. Pre-placement: Contractor may bill for time spent with, or on behalf of a person. If the activity cannot be related to a specific person, it cannot be billed. Contractor shall bill for no more than 60 hours per person for pre-placement and re-placement activities per year. Additional hours may be added only with the prior approval of the DHS/DSPD Region Director.
 1. Intake: Contractor shall meet with the person, Support Coordinator, or others in an effort to gain sufficient information on the person in order to initiate services.
 2. Vocational Assessments: Contractor shall determine skills, interests, or behavior of persons before employment or for the re-placement of employment. Services may be provided at an approved facility or an employment site.
 3. Job Development and Placement: Contractor shall conduct job development activities, including locating potential employers in the community; introducing the person to specific employers; conducting job analysis; arranging for certification and other such activities that will enhance job development and placement opportunities. All such activities must be on behalf of the person.

SUPPORTED EMPLOYMENT FOR AN INDIVIDUAL (SEI)

C. On-going support services: Contractor shall provide ongoing support to the person in obtaining and maintaining employment, including the following:

1. Job Skills Training: These services include on-site monitoring and training, or retraining, as needed for specific job tasks with the primary goal of reducing the need for support and promoting independence. Contractor will maintain records of the person's progress. Job skill training must be provided at a rate of at least twice monthly in order to continue billing for SEI services.
2. Job Advisement: These services include advising or discussing with the person or others any aspect of the processes of obtaining and maintaining work; developing and implementing guidelines for worker conduct in line with employer expectations; and resolving any problems in the work place. SEI services will also include development and facilitation of natural supports and teaching persons to effectively use and maintain those supports. Contractor may also advise person on the relationship between earned income and benefits (SSI, Medicaid, insurance, etc.).
3. Transportation: Contractors shall provide additional transportation (other than driving the person to the work facility which is billed using the MTP service code) that is approved in the person's ISP. Contractor may bill for their own transportation to the person's worksite for training or monitoring purposes.

D. If the person loses his or her job, the Contractor shall bill no more than 60 hours per year in investigating and effecting new job placement. Contractor shall refer the person back to the Division of Vocational Rehabilitation if the process of securing re-employment takes longer to effect than one year from the date of closure of the case by the Division of Vocation Rehabilitation.

Staff Support:

Actual type, frequency and duration of job coaching will be defined in the person's ISP/AP based on the person's assessed needs.

Record Keeping

All services must be documented by attendance records or time sheets.

Rate:

SEI has an hourly and daily rate. The hourly rate is determined by the person's individual needs as specified in the person's ISP and budget. The daily rate is negotiated based upon the number of hours of daily support required to maintain an existing job when the person requires more than 1 hour of ongoing support per day.

SUPPORTED LIVING HOURLY (SLH)

General Description:

Supported Living Hourly (SLH) provides one-on-one hourly support, supervision, training and assistance for people to live as independently as possible. This service is available to those who live alone in their own homes, with roommates, or a spouse or for adults who live with their parents or other related caregivers when the Contractor is identified as the party with the primary responsibility for maintaining the person's health and safety. SLH activities are prioritized based upon the person's assessed needs but always include maintenance of the person's health and safety, personal care services, homemaker, chore attendant care, medication observation and recording, advocacy, communication, assistance with activities of daily living and instrumental activities of daily living, transportation to access community activities and shopping, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help and adaptive/compensatory skills development necessary to reside successfully in the community. Therefore, the following codes are not available to those receiving SLH services since these services are included in the service description for SLH:

16 Chore Services (**CH1, CHA**)

18 Personal Assistance (**PAC, PA1**)

17 Homemaker Services (**HS1 & HSQ**)

19 Routine, Non-medical Transportation (**DTP**)

Persons are excluded from receiving the following services and SLH: (Cannot bill for SLH and the codes listed above and below in bold.)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Training and Preparation Services (**TFA**)

Family and Individual Training and Preparation Services (**TFB**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Routine Support (previous Community Living Routine Support) (**RHS**)

Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)

Respite (**RP1, RP2, RP3, RP4 & RP5**)

Supported Living with Natural Supports (**SLN**)

Supported Living-Hourly-Family managed (**SL1**)

Persons who receive SLH may not bill for Day Support or Supported Employment services that occur during the same hours of the day.

Family Training and Preparation Services (TFA) and Family and Individual Training and Preparation Services (TFB) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and adults age 18 and older with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by

DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under DHS/DPSD contract to provide SLH and certified by DHS/DSPD.

Contractor shall provide emergency procedures for fire and other disasters.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD

A Contractor under license with DHS, Office of Licensing shall assure the presence of at least one staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractor shall assure the presence of staff at each licensed site that is responsible for supervision of the day-to-day operations of the site and for operation of the program.

Administrative Requirements

Policies and Procedures: Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

- a. Establish the amount of time family or friends may stay as overnight guests;
- b. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD;
- c. For residential providers, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills;
- d. Govern the handling, storage, disposal and theft prevention of medication; and,
- e. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

Staff shall demonstrate competency in providing SLH services, as determined by the Contractor, in addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

SLH staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

SLH staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to complete the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within 6 months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects;
 - b. Identification of medications and medication side effects specific to the person;
 - c. Recording and documentation of self-administration of medications; and,
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractors and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the family's perspective on the brain injury.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and data collection and/or Task Analysis sheet for skill training or other support.
 2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.

3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. If part of the persons plan requests, and the person is taking psychotropic medications, the Contractor shall complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by it generic or brand name; the date on which the medication was commenced or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS), which should be performed at least quarterly.
 - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

C. Person's Personal Funds

1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team shall be notified and grant approval of the Contractor's actions. The Contractor's staff shall document the emergency and the person's support team approval and maintain this documentation in the persons record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.
2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract; and, b) room and board charges.
3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.

- 210 4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory
211 shall also include other items of significance to the person, which may cost less than \$50.00. The
212 inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall
213 be deleted from the inventory list. Documentation of the reason for the deletion of an item shall
214 be maintained and shall require the signature of the person/representative and one Contractor staff
215 or two Contractor staff if the person/representative is not available. Personal possessions shall be
216 released to the person/representative whenever the person moves.
217

218 D. Health and Safety Requirements

- 219 1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and
220 acute medical, dental, psychiatric, or other health-related services, as outlined in the person's ISP,
221 as allowed by the person's Medicaid and insurance plans.
222
- 223 2. Contractor staff shall assure persons receive training and assistance to:
224 a. Identify primary health care practitioners and the means to contact them;
225 b. Obtain dental and physical examinations;
226 c. Safely follow physician orders;
227 d. Know what prescribed medication is for, if the medication is the right dose, if the
228 medication is taken properly, and know if the medication is taken according to the schedule
229 prescribed by the person's physician; and,
230 e. Document the frequency, dosage, and type of medication taken.
231
- 232 3. Person's health information including the following:
233 a. A record of all medical and /or dental examinations performed, including assessments,
234 treatments, and prescribed medication(s);
235 b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant
236 changes in health;
237 c. Authorization for any emergency medical treatment needed;
238 d. A record of all medication(s) taken by the person;
239 e. A record of all incidents requiring first aid and/or a referral to medical personnel or a
240 health care facility;
241 f. A record of all medication errors.
242 g. A record of all accidents or injuries,
243 h. A record of the reports of psychological evaluations, if any;
244 i. A record of any allergies the person suffers from;
245 j. A record detailing the person's guardianship/legal status; and,
246 k. A record of any advance directives.
247
- 248 4. Medications shall be properly stored according to the person's needs and capabilities, as
249 determined by the team.
250
- 251 5. Contractor staff shall immediately contact the appropriate medical professional to report the
252 discovery of any prescribed medication error, including actual missed or suspected missed
253 dosage, incorrect self-administration of medication, medication self-administered at the wrong
254 time, or failure to follow laboratory survey schedule, etc.
255 a. Any medication errors that occur shall be documented in the person's file and reported to
256 the Support Coordinator and Contractor's Director or designee.
257
- 258 6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the
259 development of a medical issue for any person, such as illness requiring medical appointments or
260 an emergency room visit or confinement in an inpatient setting. This does not include medical
261 appointments for general health check-ups.
262
- 263 7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record
264 and medication self-administration records and disclosed to the person's primary physician.

E. Health and Nutrition Requirements

1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.
2. Contractor staff shall assist persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.

F. Transportation

Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and Team's reasonable, professional judgment.

The Contractor shall check driver's driving record annually and shall assure that drivers with problematic records are not allowed to continue providing transportation as part of this service. Contractors shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractors shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.

G. Access to Community Services

Contractor shall assist the person in accessing community services and resources, including but not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.

Staff Support:

SLH is a one-to-one service for persons who require hourly support. Generally, if a person requires more than 8 hours of SLH services a day, HHS or RHS may be more cost effective and should be investigated. Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Rate:

Supported Living Hourly (SLH) Service Description Final Draft 2/1/2006

318 SLH is a one-to-one, hourly rate. Payments for SLH services are not made for room and board, the cost of facility
319 maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as
320 Social Security and other income (SSA, SSI, employment).
321
322

SUPPORTED LIVING WITH NATURAL SUPPORTS (SLN)

General Description:

Supported Living with Natural Supports (SLN) provides one-on-one hourly support, supervision, training and assistance to children and adults who live with their parents or other relatives. SLN is a reduced version of SLH and should be used when the parents or other relatives take the primary responsibility for the person's health and safety, management of benefits, medication observation and recording, and activities of daily life. This service is available to those who live in the home of their parents or other relatives and who need intermittent support to access community, avoid isolation and to complete instrumental activities of daily living. SLN may include personal care services, homemaker, chore attendant care, advocacy, communication, assistance with activities of daily living and instrumental activities of daily living, transportation to access community activities and shopping, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help and adaptive/compensatory skills development necessary to reside successfully in the community. Therefore, the following codes are not available to those receiving SLN services since these services are included in the service description for SLN:

Chore Services (**CH1, CHA**)

Personal Assistance (**PAC, PA1**)

Homemaker Services (**HS1 & HSQ**)

Routine, Non-medical Transportation (**DTP**)

Persons are excluded from receiving the following services and SLN: (Cannot bill for SLN and the codes listed above and below in bold)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Training and Preparation Services (**TFA**)

Family and Individual Training and Preparation Services (**TFB**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Routine Support (previous Community Living Routine Support) (**RHS**)

Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)

Respite (**RP1, RP2, RP3, RP4 & RP5**)

Supported Living Hourly (**SLH**)

Supported Living-Hourly-Family managed (**SL1**)

Persons who receive SLN may not bill for Day Support or Supported Employment services that occur during the same hours of the day.

Family Training and Preparation Services (TFA) and Family and Individual Training and Preparation Services (TFB) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and adults age 18 and older with acquired brain injury (ABI), as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by

DHS/DSPD to the Contractor. Contractors shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under DHS, DPSD contract to provide SLN and certified by DSPD.

Contractor shall provide emergency procedures for fire and other disasters.

Staff Qualifications:

SLN staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

SLN staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

Staff Qualifications:

Staff shall demonstrate competency in providing SLN services, as determined by the Contractor, in addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

SLN staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within 6 months of employment.

1. Medication competency:

- a. Identification of common medications, their effects, purpose and side effects;
- b. Identification of medications and medication side effects specific to the person;
- c. Recording and documentation of self-administration of medications; and,
- d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.

2. Recognition of illness or symptoms of health deterioration specific to the person.

3. Dietary issues specific to the person.

4. Critical health care issues specific to the person.

5. Swallowing and eating difficulties specific to the person.

6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractors and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the family's perspective on the brain injury.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP) These may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and data collection and/or Task Analysis sheet for skill training or other support.
 2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.
 3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.
- B. **Persons' Personal Funds**
 1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team shall be notified and grant approval of the Contractor's actions. The Contractor's staff shall document the emergency and the person's support team approval and maintain this documentation in the persons record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.

2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract, and b) room and board charges.
3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.

Personal possessions shall be released to the person/representative whenever the person moves.

C. Health and Safety Requirements

1. Contractor staff or the person's parent/relative shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
2. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.

D. Transportation

Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable, professional judgment.

The Contractor shall check driver's driving record annually and shall assure that drivers with problematic records are not allowed to continue providing transportation as part of this service. Contractors shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractor shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.

- 216 7. Persons arrive safely at the scheduled time and arranged destination, that no person is left alone
217 along the way to or from day supports even in emergency situations or when the health and safety
218 of others may be in question. If necessary during an emergency, the driver may wait until another
219 driver arrives to complete the transport.
220

221 E. Access to Community Services

222 Contractor shall assist the person in accessing community services and resources, including but not
223 limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.
224

225 **Staff Support:**

226 SLN is a one-to-one service for persons who require hourly support. Actual type, frequency and duration of
227 direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the
228 person's selected housing arrangement and assessed needs.
229

230 **Rate:**

231 SLN is a one-to-one, hourly rate. Payments for SLN services are not made for room and board, the cost of facility
232 maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as
233 Social Security and other income (SSA, SSI, employment).
234
235

FAMILY TRAINING AND PREPARATION

General Description:

Family Training and Preparation Services (TFA) can include training families in areas such as parenting, skill training for daily living or social-leisure-recreation, collaborating with school and others to promote consistency, designing support strategies, building physical stamina and strength, nutrition, and communication. Services billed under this code are intended primarily to help families participating in the Self-Administered Services method with the acquisition of skills necessary to function effectively as employers of their self-administered supports. This includes training in the skills necessary to recruit and select employees, the legal requirements of hiring and retaining employees, methods of employee supervision, and the requirements and techniques of discharging employees. The services are intended to supplement, when necessary, the basic instruction and training offered to persons utilizing Financial Management Services (FMS) by their FMS provider. Training is provided intermittently on a consulting basis and shall not be duplicative to those services provided in school.

TFA can be provided in or out of the client's home. These supports may include providing instructions, supervision and training to the family/care giver/person in all areas of daily living. The activities will not consist solely of supervision, companionship or observation of the individual during leisure and other community events. The supports may also include other activities that are identified in the person's Individual Support Plan's Action Plan (ISP/AP) as necessary for continued skill development. The Contractor will ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the person.

Persons are excluded from receiving the following waiver services while receiving funding for TFA:

RHS, RHI, HHS, and PPS.

TFA is available for persons participating in the Self-Administered Services (SAS) method only. However, TFA services are provided by the Contractor operating under an agency-based method.

Population Served:

The Contractor will serve persons currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC) as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. Non-licensed contractors shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor's Staff Qualifications:

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition all applicable education and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor shall ensure that family training and preparation staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

FAMILY TRAINING AND PREPARATION

Staff must pass a BCI background check through the Department of Human Services, Office of Licensing and have a record of the Bureau of Criminal Identification (BCI) results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff providing this service must be at least 18 years of age.

Direct Service Requirements:

A. **Person-Centered Planning:** Contractor's staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. Contractor is responsible for implementing their applicable portion of the ISP/AP. The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the person to that portion of the plan that pertains to them and ensure the person is involved in its implementation.
3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. In the case of services that are offered on a recurring basis, the Contractor, as a member of the person's Team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. **Health and Safety Requirements**

Contractor shall assure that persons receive training in ways to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the Individual Service Plan.

Contractor's staff shall assure persons receive training and assistance to:

- a. Safely follow physician orders;
- b. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
- c. Document the frequency, dosage, and type of medication taken.

Contractor shall notify the Support Coordinator and Representative within 24 hours of the person developing any apparent medical need.

Contractor staff shall assure persons receive training and assistance to:

- a. Identify primary health care practitioners; and
- b. Obtain dental and physical examinations.

Limitations:

Services and supports provided through the Family Assistance and Support category are intended to accomplish a clearly defined outcome that is outlined in the ISP, including the expected duration of the activity and the measures to be used to gauge progress. The activities will not consist solely of supervision, companionship or observation of the individual during leisure and other community events. Family Training and Preparation services are not available to foster

FAMILY TRAINING AND PREPARATION

families. This service is not available to children in the custody of the State of Utah DHS, Division of Child and Family Services.

Staff Support:

TFA does not include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

FAMILY AND INDIVIDUAL TRAINING AND PREPARATION (TF2, TFB)

General Description:

Family and Individual Training and Preparation Services (TFB) are training and guidance services for covered person or family member. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, or in-laws. "Family" does not include individuals who are employed to care for the person. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the person at home and to maintain the integrity of the family unit. Training may also include instructions on how to access services, how to participate in the self-direction of care, how to hire, fire and evaluate service providers, consumer choices and rights, consumer's personal responsibilities and liabilities when participating in person-directed programs (e.g., billing, reviewing and approving timesheets), instruction to the family, and skills development training to the person relating to interventions to cope with problems or unique situations occurring within the family, techniques of behavioral support, social skills development, and accessing community cultural and recreational activities.

TFB is intended for families who present with considerably more complex or dysfunctional issues than those receiving Family Training and Preparation (TFA) services, and may include families with multiple consumers within the family. Or, families receiving this service have been assessed as requiring a more sophisticated level of training and assistance than those receiving routine TFA services.

Services rendered under this service definition are delivered by Bachelors level staff with considerably greater training and experience than those rendering service under the TFA service definition, including specific topical training in family and individual consultation.

Services may also include those that enhance the person's ability to exercise individual rights as a member of society through self-sufficiency and informed decision-making. Supports include: (a) Training in conflict resolution and mediation of disagreements, and forming a consensus; (b) Identifying, building, and maintaining natural supports; and, (c) Instructing and consulting with families on ways to become as self-sufficient as possible.

The TFB category may be provided to persons and their families that are participating in the Self-Administered Services method through a Contractor operating in the agency-based method.

Persons are excluded from receiving the following waiver services while receiving funding for TFB:

RHS, RHI, HHS, and PPS.

Population Served:

Contractor will serve persons currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC) as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. A non-licensed Contractor shall be certified by DHS/DSPD as an authorized Contractor of services to persons with disabilities in accordance with Utah Code Annotated § 62A-5-103.

FAMILY AND INDIVIDUAL TRAINING AND PREPARATION (TF2, TFB)

Contractor shall be enrolled as an approved Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff shall demonstrate competency in the services covered by the contract, as determined by the Contractor. In addition all applicable education and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

Contractor shall ensure that family training and preparation staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

All Contractor staff providing TFB services must be a professional with a bachelor's degree in social or behavioral sciences or a mental health professional with a master's degree in social or behavioral sciences. Additionally, staff providing this service must complete a training course prescribed by DHS/DSPD and approved by the State Medicaid Agency and must demonstrate competency by successfully completing a learning assessment in related topical area(s) of:

- (1) Self-determination,
- (2) Natural supports, and
- (3) Instruction and/or consultation with families/siblings on:
 - a) Assisting self sufficiency
 - b) Safety

Contractor's staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS/Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All Contractor staff providing this service must be at least 18 years of age.

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. Contractor is responsible for implementing their applicable portion of the Individual Support Plan/Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, Data Collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the person to that portion of the plan that pertains to them and ensure the person is involved in its implementation.
3. Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. In the case of services that are offered on a recurring basis, the Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Health and Safety Requirements

Contractor shall assure that persons receive training in ways to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the ISP.

FAMILY AND INDIVIDUAL TRAINING AND PREPARATION (TF2, TFB)

Contractor staff shall assure persons receive training and assistance to:

- a. Safely follow physician orders;
- b. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
- c. Document the frequency, dosage, and type of medication taken.

Contractor shall notify the Support Coordinator and Representative within 24 hours of the development of any apparent medical need for the person.

Contractor's staff shall assure persons receive training and assistance to:

- a. Identify primary health care practitioners; and,
- b. Obtain dental and physical examinations.

Limitations:

Services and supports provided through the TFB category are intended to accomplish a clearly defined outcome that is outlined in the ISP, including the expected duration of the activity and the measures to be used to gauge progress. The activities will not consist solely of supervision, companionship or observation of the person during leisure and other community events. TFB services are not available to foster families. This service is not available to children in the custody of the State of Utah: DHS/Division of Child and Family Services.

Staff Support:

TFB does not include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

**ATTACHMENT B
SERVICE AND RATE TABLE**

Service Title	Service Code	Unit of Service	Rate (\$)	Population to be Served
Behavior Consultant Service I	BC1	Quarter Hour	4.92	MR.RC
Behavior Consultant Service II	BC2	Quarter Hour	8.41	MR.RC
Behavior Consultant Service III	BC3	Quarter Hour	12.88	MR.RC
Chore Service – Provider	CHA	Quarter Hour	3.77	MR.RC AND ABI
Community Living Supports	CLS	Daily	346.01	ABI
Companion Service -- Provider	COM	Quarter Hour	3.57	MR.RC AND ABI
		Daily	85.68	
Day Support Group	DSG	Daily	137.46	MR.RC AND ABI
Day Supports Individual	DSI	Quarter Hour	7.68	MR.RC AND ABI
Day Supports Worksheet – Requires Region Director Approval	DSW	Worksheet	137.46	ABI
Extended Living Supports	ELS	Quarter Hour	3.55	MR.RC AND ABI
Host Home Supports	HHS	Daily	211.56	MR.RC AND ABI
Homemaker Service -- Provider	HSQ	Quarter Hour	3.77	MR.RC AND ABI
Transportation Services for Day Supports-Provider	MTP	Daily	7.73	MR.RC AND ABI
Personal Assistant-provider	PAC	Quarter Hour	3.25	MR.RC
Personal Budget Assistant – Provider	PBA	Quarter Hour	5.19	MR.RC
		Daily	10.38	
Professional Medication Monitoring, LPN	PM1	Quarter Hour	4.72	MR.RC
Professional Medication Monitoring, RN	PM2	Quarter Hour	6.82	MR.RC
Professional Parent Supports	PPS	Daily	211.56	MR.RC
Residential Habilitation	RHI	Daily	346.01	MR.RC
Residential Habilitation Supports	RHS	Daily	346.01	MR.RC
Respite Service Basic -- Provider	RP2	Quarter Hour	2.61	MR.RC AND ABI
		Daily	62.64	

**ATTACHMENT B
SERVICE AND RATE TABLE**

Service Title	Service Code	Unit of Service	Rate (\$)	Population to be Served
Respite Service Intensive -- Provider	RP3	Quarter Hour	3.24	MR.RC AND ABI
		Daily	77.76	
Respite Service, Basic with Room and Board	RP4	Daily	70.31	MR.RC
Respite Service, Intensive with Room and Board	RP5	Daily	85.43	MR.RC
Respite Service	RPS	Session	369.00	MR.RC AND ABI
Supported Employment -- Co-worker	SEC	Quarter Hour	1.05	MR.RC
Supported Employment enclave	SED	Daily	31.57	MR.RC AND ABI
Supported Employment Self-Employment	SEE	Quarter Hour	7.68	MR.RC
Supported Employment Worksheet	SEI	Quarter Hour	7.68	MR.RC AND ABI
Supported Living Hourly -- Provider	SLH	Quarter Hour	5.19	MR.RC AND ABI
Supported Living, Natural Supports -- Provider	SLN	Quarter Hour	4.69	MR.RC AND ABI
Family Training and Preparation -- Provider	TFA	Quarter Hour	3.45	MR.RC
Family and Individual Training and Preparation -- Provider	TFB	Quarter Hour	4.92	MR.RC

Attachment C -- Offeror Evaluation Sheet

SOIQ # DHS40335 -- MR.RC/ABI Services

Evaluator Name: _____

Offeror Name: _____

Date: _____

Evaluation Results: *(List on the relevant line below, all of the service codes the Offeror passed and/or failed.)*

Circle the services Offeror has expressed an interest in providing (see Offeror's completed Coversheet):

BC1 BC2 BC3 CHA CLS COM DSG DSI DSW

PASSED: _____

ELS HHS HSQ MTP PAC PBA PM1 PM2

PPS RHI RHS RP2 RP3 RP4 RP5 RPS SEC

FAILED: _____

SED SEE SEI SLH SLN TFA TFB

Evaluation Instructions: *The Offeror **must** pass all of the general requirements identified below to be awarded a contract. Offeror **must also** pass the specific service requirements (if any) applicable to each of the various services for which Offeror has applied. The Evaluator may not select "N/A" in those areas where the "N/A" box is shaded in gray.*

GENERAL REQUIREMENTS		Yes/Pass	No/Fail	N/A
1.	Did Offeror submit a completed and signed SOIQ Coversheet?			
2.	Does the Offeror have a current business license? <i>(If Offeror provides a statement certifying that it requires no business licenses in order to provide the service(s) requested, mark "N/A")</i>			
3.	Did Offeror submit a current organizational chart that identifies all supervisory relationships in Offeror's organization and the names and titles of all key personnel?			
4.	Did Offeror submit copies of the resumes of the key personnel identified in Offeror's organizational chart together with copies of any professional licenses, certifications, or other credentials held by those individuals that are required for providing any of the services requested by the Offeror?			
5.	Is Offeror an approved Medicaid provider or did Offeror submit a statement indicating it will become and will submit documentation of its status as an approved Medicaid provider prior to the execution of any contract awarded?			
6.	Did Offeror submit fully executed Conflict of Interest Disclosure Statements for all parties and employees? <i>(Offerors who are Government Agencies need only submit a Conflict of Interest Certification form.)</i>			
7.	Does the Conflict of Interest documentation submitted by Offeror indicate Offeror is free from any questionable or prohibited conflicts of interest?			
8.	Did Offeror submit a statement certifying either: 1) that it has all of the required state, city, and/or local licenses, permits, and/or certificates required to provide the services it is requesting at the location(s) where it is or will be providing services OR 2) that no licenses, permits, and/or certificates are required of it to provide the services requested?			
9.	Did Offeror submit <u>current</u> copies of all of the licenses, permits and/or certificates certified to in paragraph 8 above? <i>(If Offeror certified in #8 above that it requires no licenses, permits, and/or certificates to provide the services requested, mark "N/A")</i>			

GENERAL REQUIREMENTS (Cont.)		Yes/Pass	No/Fail	N/A
10.	Did Offeror submit a statement certifying that it has a system in place (including policies, procedures, practices, etc.) to ensure the health, safety, and welfare of clients receiving services from it?			
11.	Did Offeror submit a statement certifying that all Offeror staff requiring a criminal background screening will be subjected to the same pursuant to Utah Administrative Code (UAC) R501?			
12.	<p>Did Offeror submit documentation evidencing its compliance with the following insurance requirements outlined in the DHS Service Contract for all types of services (<i>Review and determine compliance with the individual insurance requirements outlined below to find the answer to this question</i>) OR</p> <p>a statement certifying it will comply with all of the applicable insurance requirements of the DHS Service Contract if awarded a contract and will produce evidence documenting its compliance prior to the execution of any contract awarded?</p>			
<p>Requirements Applicable to All Insurance Policies:</p> <p>Contractors shall maintain commercial insurance or self-insurance for the dollar amounts and types of coverage specified hereafter. Any commercial insurance obtained by a Contractor:</p> <p>a) shall be obtained from insurance companies authorized to do business in the State of Utah and rated "A-" or better with a financial size category of Class VII or larger, according to the ratings and financial size categories published by A.M. Best Company at the time the SOIQ is evaluated.</p> <p>Commercial insurance may be obtained from an insurance company that does not meet the above stated A. M. Best Company rating and/or class size, if the Contractor provides documentation verifying the insurance company providing the Contractor's insurance is reinsured by another affiliated insurance company that does meet the required rating and class size requirements.</p> <p>b) shall include an endorsement that names the State of Utah, DHS, DHS/DSPD and their officers and employees as additional insureds. (<i>The Contractor is not required, however, to obtain an "additional insured" endorsement for any professional liability insurance policy or Workers' Compensation insurance policy.</i>)</p> <p>c) shall provide the State of Utah, DHS, DHS/DSPD and their officers and employees with primary coverage (not contributing coverage) for any liability arising as a result of the Contractor's acts or omissions in connection with its contract with DHS/DSPD.</p> <p>d) shall not have a policy deductible that exceeds \$1,000.00 <i>unless</i> the Contractor obtains prior written approval of the deductible (and the corresponding policy) from DHS/DSPD.</p>				

GENERAL REQUIREMENTS (Cont.)	Yes/Pass	No/Fail	N/A
<p>Types and Amounts of Liability Protection Required:</p> <p>a) <u>General Liability Insurance:</u> Required of all Contractors (including doctors, dentists, social workers, mental health therapists or other professionals who provide services directly to clients).</p> <p>General liability insurance policies shall:</p> <ol style="list-style-type: none"> 1) cover the following types of liability: bodily injury or death, personal injury, property damage, broad form property damage, and liability for the property of others in the care, custody and control of the Contractor; 2) provide for a combined single limit or the equivalent of not less than \$1,000,000 for each occurrence; and 3) cover each site at which the Contractor is providing services. <p>In addition, if the general liability insurance coverage obtained by the Contractor is written on a "claims-made" basis, the certificate of insurance shall so indicate, and the policy shall contain an extended reporting period provision or similar "tail" provision such that the policy covers claims reported up to five (5) years beyond the date that any Contract is terminated.</p>			
<p>b) <u>Automobile Insurance:</u> Required of Contractors providing any of the following services: <u>DTP MTP</u></p> <p>Automobile insurance policies shall:</p> <ol style="list-style-type: none"> 1) cover property damage, personal injury protection, and liability for the vehicles used by the Contractor (including owned, hired and non-owned vehicles.); and 2) provide for a combined single limit, or the equivalent, of not less than \$1,000,000. (If the Contractor subcontracts with another entity or individual for transportation services, or services that include transportation services, the Contractor may satisfy this insurance requirement by submitting proof that the subcontractor has complied with the requirements of the "Insurance and Indemnification" section of the DHS Service Contract.) <p>If the Contractor provides individual residential care services by contracting with individual residential care homes, either group homes or supervised apartments, the automobile insurance requirements are as follows:</p> <ol style="list-style-type: none"> 1) the Contractor must maintain a policy of automobile liability insurance as indicated above AND 2) each of the Contractor's individual residential care homes must also maintain a policy of automobile liability insurance. <p>The policy of automobile liability insurance required of individual residential care homes must cover property damage, personal injury protection and liability with a combined single limit or the equivalent of not less than \$100,000 per person and \$300,000 for each accident/occurrence occurring during the course of their duties as an individual residential care home.</p> <p>(As used in this provision, the term "individual residential care" refers to twenty-four hour family-based care for one or more clients in foster/proctor care, a host home, or a professional parent setting.)</p>			

GENERAL REQUIREMENTS (Cont.)		Yes/Pass	No/Fail	N/A				
c)	<p><u>Professional Liability Insurance:</u> Required of Contractors providing any of the following services: <u>PM1</u> <u>PM2</u> <u>BC3</u></p> <p>Professional liability (malpractice) insurance policies shall:</p> <p>1) maintain a limit of not less than one million dollars (\$1,000,000) per occurrence and aggregate; and</p> <p>2) cover damages caused by errors, omissions or negligence related to the professional services provided under any contract awarded.</p>							
SPECIFIC SERVICE REQUIREMENTS								
13.	<p>If Offeror has applied for PM1, PM2, BC1, BC2, and/or BC3 does Offeror have on staff or on contract someone with the qualifications identified below. <i>(Use the documents supplied by Offeror in paragraphs 3 and 4 above to determine the Offeror's qualifications to provide the services indicated. Only mark "N/A" if the Offeror has not applied for any of the services indicated.)</i></p>							
<p>Staff Qualifications</p> <p>The services identified below require staff with professional licenses and/or credentials as indicated:</p> <table><tr><td><u>Service</u></td><td><u>Necessary Qualifications</u></td></tr><tr><td>PM1</td><td>Licensed Practical Nurse (LPN)</td></tr></table>		<u>Service</u>	<u>Necessary Qualifications</u>	PM1	Licensed Practical Nurse (LPN)			
<u>Service</u>	<u>Necessary Qualifications</u>							
PM1	Licensed Practical Nurse (LPN)							
<table><tr><td><u>Service</u></td><td><u>Necessary Qualifications</u></td></tr><tr><td>PM2</td><td>Registered Nurse (RN)</td></tr></table>		<u>Service</u>	<u>Necessary Qualifications</u>	PM2	Registered Nurse (RN)			
<u>Service</u>	<u>Necessary Qualifications</u>							
PM2	Registered Nurse (RN)							
BC1	Bachelors Degree in a related field OR any combination of training and experience of at least one year's length working with people who have mental retardation, related conditions or brain injury.							
BC2	Masters Degree in a behaviorally related field granted by an accredited American or Canadian institute of higher learning + 1 year of related experience OR Board Certified Associate Behavior Analyst (BCABA) + 2 years of related experience.							
BC3	Doctorate Degree in a field related to behavior management, granted by an accredited American or Canadian institute of higher learning, OR Board Certified Behavior Analyst (BCBA) + 3 years of related experience							
14.	<p>Does Offeror currently have a contract with DHS/DSPD pursuant to RFP #40296? <i>(If "Yes", no further evaluation is required; mark a, b, and c, below "N/A". If "No", evaluate Offeror's responses to a, b, and c below.)</i></p>							
a.	Has Offeror demonstrated an overall knowledge and familiarity with people with disabilities?							
b.	Does Offeror have a process in place for training non-professional staff to competency prior to the staff working with clients?							
c.	Did Offeror submit a copy of its quality assurance plan and does the plan include a process for both 1) identifying potential or existing problems and 2) resolving problems identified?							